

Revised
Draft Meeting Agenda
South Dakota Board of Examiners of Psychologists
The Lodge at Deadwood, 100 Pine Crest Lane, Deadwood, SD 57732
June 1, 2018
8:30AM MDT

Persons wishing to join the business meeting via teleconference will need to contact the Board Office at (605) 642-1600 by May 30, 2018 to arrange for a call-in number.

Member Listing:

1. Thomas Stanage, Ph.D., President
2. Karen Wiemers, Ph.D., Vice-President
3. Trisha Miller, Ph.D., Secretary
4. Matthew Christiansen, Ph.D., Member
5. Robert Overturf, Lay Member
6. Alice Bruce, Lay Member

Others in attendance:

Carol Tellinghuisen, Executive Administrator
Brooke Tellinghuisen-Geddes, Administrative Assistant
Jill Lesselyoung, Administrative Assistant
Marilyn Kinsman, Senior Policy Advisor, DSS (via teleconference)

Purpose: The Board protects the health and safety of the consumer public by licensure of qualified persons, enforcement of the statutes, rules and regulations governing the practice of psychology, including the appropriate resolution of complaints.

8:30AM MDT-Oral Examination Applicant #389

The Business Meeting will convene following the oral examination.

1. Call to Order/Welcome and Introductions-Stanage
2. Roll Call-Stanage
3. New Senior Policy Analyst for DSS, Marilyn Kinsman
4. Corrections or additions to the agenda
5. Approval of Agenda
6. Public Testimony/Public Comment Period-9:30 a.m.
7. Approval of Minutes from April 4, 2018, February 9, 2018
8. FY Financial Update
9. ASPPB Midwinter meeting update-Stanage
10. ASPPB Fall meeting October 17-21, 2018-Salt Lake, UT
11. Council on Licensure, Enforcement and Regulation (CLEAR)
12. Executive Session-Pursuant to SDCL 1-25-2
 - a. Complaints/investigations
 - b. Applicant for Licensure #2018-1
13. Forms revisions update
14. EPPP-2
15. CEU discussion
16. Collection and dissemination of email addresses

Page (2)-South Dakota Board of Examiners of Psychologists
Revised meeting agenda, June 1, 2018

17. State Licensure Compact
18. PSYPACT discussion
19. Any other business coming in between date of mailing and date of meeting
20. Schedule next meeting
21. Adjourn

#7

SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS
BOARD MEETING MINUTES
Teleconference
April 4, 2018

Members Present: Thomas Stanage, Ph.D., (President); Matthew Christiansen, Ph.D., Member; Trisha Miller, Ph.D., (Secretary); Robert Overturf, Lay Member; Alice Bruce, Lay Member

Members Absent: Karen Wiemers, Ph.D. (Vice President)

Others Present: Carol Tellinghuisen, Executive Administrator; Jill Lesselyoung, Administrative Assistant; Gina Nelson, Bob Haivala; Office of Attorney General

Stanage called the meeting to order at 5:06pm CDT/4:06pm MDT. Discussion regarding quorum vote rules occurred.

Executive Session: The Board entered executive session at 5:08pm CDT on a unanimous roll call vote based on a motion by Christiansen and a second by Bruce for the purpose of discussing board complaints #214, #215 (Christiansen recused himself prior to discussion of #215, exiting from the meeting at 5:21pm CDT). Motion carried by a unanimous roll call vote (Christiansen absent). The Board exited executive session at 5:23pm CDT based on a motion by Overturf and a second by Bruce. Motion carried by unanimous roll call vote.

Christiansen rejoined the meeting at 5:25pm CDT.

Corrections or Additions to the Agenda: None.

Complaints/Investigations: As Investigation Officer to complaint #214, Miller made a recommendation the Board pursue a hearing to resolve the complaint. Overturf followed the recommendation with a motion to pursue a hearing for complaint #214, Christiansen seconded. Motion carried by a unanimous roll call vote; Stanage, yes; Christiansen, yes; Overturf, yes; Bruce, yes; with Miller abstaining. As Investigation Officer to complaint #215, Miller made a recommendation the Board pursue a hearing to resolve the complaint. Bruce followed the recommendation with a motion to pursue a hearing for complaint #215, Overturf seconded. Motion carried by a unanimous roll call vote; Stanage, yes; Overturf, yes; Bruce, yes; with Miller and Christiansen abstaining.

Any Other Business: None.

Next Meeting: The next meeting will be held on Friday, June 1st at 8:30am MDT in Deadwood, SD. Any business that needs to be addressed prior to this date will take place via teleconference.

Motion to adjourn was made by Bruce, seconded by Miller, at 5:28pm CDT. Motion carried on a unanimous roll call vote.

Respectfully submitted,

Trisha T. Miller, Ph.D.
Secretary

Board of Examiners of Psychology Board Meeting Minutes

April 4, 2018

Page 2 of 2

1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

7

SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS
BOARD MEETING MINUTES
Teleconference
February 9, 2018

Members Present: Thomas Stanage, Ph.D., (newly elected President); Karen Wiemers, Ph.D., Vice President; Matthew Christianson, Ph.D., Member; Trisha Miller, Ph.D., (newly elected Secretary); Robert Overturf, Lay Member; Alice Bruce, Lay Member

Members Absent: None.

Others Present: Carol Tellinghuisen, Executive Administrator; Jill Lesselyoung, Administrative Assistant; Brooke Tellinghuisen Geddes, Administrative Assistant; Robert McCarthy, Senior Policy Analyst, DSS

Wiemers called the meeting to order at 9:35am CST.

Executive Session: The board entered executive session at 9:37am CST on a unanimous roll call vote based on a motion by Stanage and a second by Overturf for the purpose of administering the oral examinations to applicant #'s 380 and 383. Board complaint follow-up procedure was also discussed during executive session, initiated by Miller. The board exited executive session at 11:15am CST based on a motion by Christiansen and a second by Miller. Motion carried by a unanimous roll call vote.

The business meeting was called to order at 11:18am CST by Vice President Weimers. McCarthy joined the meeting at 11:20am CST.

Corrections or Additions to the Agenda: Applicant Licensure was added as first agenda item.

Applicant Licensure: Miller made a motion to approve applicants #380 and #383 for SD Licensure, given passing orals examination scores today. Bruce seconded the motion. Motion carried by unanimous roll call vote.

Election of Officers: Weimers nominated Stanage for President, Miller seconded. Motion carried by unanimous roll call vote. Bruce nominated Weimers to remain Vice President, seconded by Overturf. Motion passed on unanimous roll call vote. Christiansen nominated Miller for Secretary, seconded by Stanage. Motion passed on unanimous roll call vote.

Approval of Minutes from October 13, 2017 and January 16, 2018: Overturf moved and Bruce seconded a motion to approve the minutes from both the October 13, 2017 and January 16, 2018 meetings. The motion carried on a unanimous roll call vote.

Fiscal Year Financial Update: Lesselyoung reported on the finances through December 31, 2017. Year-to-date revenue as of December 31, 2017 was \$9,915.19; YTD Expenditures equal \$32,109.30; Cash Balance is \$69,075.73. Board accepted report as read.

Executive Administrator Contract: Bruce motioned, seconded by Christiansen to continue Carol Tellinghuisen's contract for another year with no increase as requested by Tellinghuisen. Motion carried on unanimous roll call vote.

Board of Examiners of Psychologists Teleconference Minutes
February 9, 2018
Page 2 of 2

Complaints/Investigations: Complaints #214 and #215 assigned to Miller, both are in pending status. Further consultation with attorney is needed before conclusion will be made. Miller will also be reviewing recently received complaint.

ASPPB Midwinter Meeting: Meeting slated for April 12-15, 2018 in Savannah, GA. Tellinghuisen encouraged board members to consider attendance, given upcoming licensing examination (EPPP) changes pending at present. Tellinghuisen provided information she became knowledgeable of at ASPPB meeting she attended in Hawaii in December 2017. Overturf motioned to approve a board member and/or staff member to attend the April 2018 ASPPB meeting, Christiansen seconded. Motion passed on unanimous roll call vote.

Any Other Business: None.

Next Meeting: The next meeting will be tentatively held on Friday, June 1st at 8:30am MT in Deadwood, SD. Any business that needs to be addressed prior to this date will take place via teleconference.

Motion to adjourn was made by Bruce, seconded by Miller, at 11:41am CST. Motion carried on a unanimous roll call vote.

Respectfully submitted,

Trisha T. Miller, Ph.D.
Secretary

1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

#8

BOARD OF PSYCHOLOGY EXAMINERS
REVENUE SUMMARY
FOR MONTH ENDING 06/30/17

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	4293000	0	0	0892000	654		2017	12	\$ 63,400.00	\$ 17,000.00
6503	4920045	0	0	0892000	654		2017	12	\$ 622.79	\$ -
									\$ 64,022.79	\$ 17,000.00

BOARD OF PSYCHOLOGY EXAMINERS
EXPENDITURE SUMMARY REPORT
FOR MONTH ENDING 06/30/17

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	ACCOUNT DESCRIPTION	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	5204201	0	0	BFM CENTRAL SERVICES	0892000	654		2017	12	\$ 829.87	\$ -
6503	5204203	0	0	PURCHASING CENTRAL SERV	0892000	654		2017	12	\$ 5.29	\$ -
6503	5204204	0	0	RECORDS MGMT SERVICES	0892000	654		2017	12	\$ 230.40	\$ -
6503	5204207	0	0	HUMAN RESOURCES SERVICES	0892000	654		2017	12	\$ 293.13	\$ 135.98
6503	5204510	0	0	RENTS-OTHER	0892000	654		2017	12	\$ 2,939.30	\$ -
6503	5204530	0	0	TELECOMMUNICATIONS SRVCS	0892000	654		2017	12	\$ 18.00	\$ -
6503	5204590	0	0	INS PREMIUMS & SURETY BDS	0892000	654		2017	12	\$ 469.00	\$ -
6503	5101030	0	0	BOARD & COMM MBRS FEES	0892000	654		2017	12	\$ 1,440.00	\$ -
6503	5102010	0	0	OASI-EMPLOYER'S SHARE	0892000	654		2017	12	\$ 113.52	\$ 1.68
6503	5205300	0	0	TROPHIES & AWARDS	0892000	654		2017	12	\$ 60.00	\$ -
6503	5205320	0	0	PRINTING-COMMERCIAL	0892000	654		2017	12	\$ 1,092.65	\$ 90.56
6503	5207901	0	0	COMPUTER HARDWARE	0892000	654		2017	12	\$ 284.91	\$ 284.91
6503	5203030	0	0	AUTO-PRIV (IN-ST.) H/RTE	0892000	654		2017	12	\$ 1,626.24	\$ 840.84
6503	5203100	0	0	LODGING/IN-STATE	0892000	654		2017	12	\$ 544.94	\$ 185.04
6503	5203130	0	0	NON-EMPLOY. TRAVEL-IN ST.	0892000	654		2017	12	\$ 270.74	\$ -
6503	5203140	0	0	TAXABLE MEALS/IN-STATE	0892000	654		2017	12	\$ 44.00	\$ 22.00
6503	5203150	0	0	NON-TAXABLE MEALS/IN-ST	0892000	654		2017	12	\$ 323.00	\$ 163.00
6503	5204020	0	0	DUES & MEMBERSHIP FEES	0892000	654		2017	12	\$ 350.00	\$ -
6503	5204030	0	0	LEGAL DOCUMENT FEES	0892000	654		2017	12	\$ 606.00	\$ -
6503	5204090	0	0	MANAGEMENT CONSULTANT	0892000	654		2017	12	\$ 40,030.70	\$ -
6503	5204180	0	0	COMPUTER SERVICES-STATE	0892000	654		2017	12	\$ 45.42	\$ -
										\$ 51,617.11	\$ 1,724.01

***CASH CENTER BALANCE**

FOR MONTH ENDING 06/30/17

[illegible]

BOARD OF PSYCHOLOGY EXAMINERS
REVENUE SUMMARY
FOR MONTH ENDING 04/30/18

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	4293000	0	0	0892000	654		2018	10	\$ 24,650.00	\$ 13,500.00
6503	4920045			0892000	654		2018	10	\$ 765.19	\$ -
									\$ 25,415.19	\$ 13,500.00

BOARD OF PSYCHOLOGY EXAMINERS
EXPENDITURE SUMMARY REPORT
FOR MONTH ENDING 04/30/18

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	ACCOUNT DESCRIPTION	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	5101030	0	0	BOARD & COMM MBRS FEES	0892000	654		2018	10	\$ 1,560.00	\$ -
6503	5102010	0	0	OASI-EMPLOYER'S SHARE	0892000	654		2018	10	\$ 122.80	\$ -
6503	5203030	0	0	AUTO-PRIV (IN-ST.) H/RTE	0892000	654		2018	10	\$ 677.04	\$ -
6503	5203100	0	0	LODGING/IN-STATE	0892000	654		2018	10	\$ 156.60	\$ -
6503	5203140	0	0	TAXABLE MEALS/IN-STATE	0892000	654		2018	10	\$ 45.00	\$ -
6503	5203150	0	0	NON-TAXABLE MEALS/IN-ST	0892000	654		2018	10	\$ 64.00	\$ -
6503	5204020	0	0	DUES & MEMBERSHIP FEES	0892000	654		2018	10	\$ 350.00	\$ -
6503	5204030	0	0	LEGAL DOCUMENT FEES	0892000	654		2018	10	\$ 606.00	\$ -
6503	5204090	0	0	MANAGEMENT CONSULTANT	0892000	654		2018	10	\$ 39,962.23	\$ 3,605.74
6503	5204180	0	0	COMPUTER SERVICES-STATE	0892000	654		2018	10	\$ 34.07	\$ -
6503	5204201	0	0	BFM CENTRAL SERVICES	0892000	654		2018	10	\$ 1,119.05	\$ -
6503	5204203	0	0	PURCHASING CENTRAL SERV	0892000	654		2018	10	\$ 7.75	\$ -
6503	5204204	0	0	RECORDS MGMT SERVICES	0892000	654		2018	10	\$ 230.40	\$ 57.60
6503	5204207	0	0	HUMAN RESOURCES SERVICES	0892000	654		2018	10	\$ 402.28	\$ 110.36
6503	5204510	0	0	RENTS-OTHER	0892000	654		2018	10	\$ 2,986.55	\$ 200.00
6503	5204530	0	0	TELECOMMUNICATIONS SRVCS	0892000	654		2018	10	\$ 26.00	\$ -
6503	5205320	0	0	PRINTING-COMMERCIAL	0892000	654		2018	10	\$ 1,449.85	\$ 425.43
6503	5205350	0	0	POSTAGE	0892000	654		2018	10	\$ 56.22	\$ -
										\$ 49,855.84	\$ 4,399.13

BOARD OF PSYCHOLOGY EXAMINERS

CASH CENTER BALANCE**FOR MONTH ENDING 04/30/18**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	CASH BALANCE
6503	1140000			0892000	654		2018	10	\$ 66,829.19

\$ 66,829.19



About CLEAR

The Council on Licensure, Enforcement and Regulation (CLEAR) is the premier international resource for professional regulation stakeholders.

CLEAR promotes regulatory excellence through conferences, educational programs, webinars, seminars and symposia. The organization provides networking opportunities, publications, and research services for those involved with, or affected by, professional and occupational regulation. As a neutral forum to encourage and provide for the sharing of best practices, CLEAR serves and supports the international regulatory community and its vital contribution to public protection. CLEAR has defined its own educator role as proactively identifying critical issues; providing a dynamic, interactive forum for exploration of these issues and collecting and disseminating relevant information on them. There are four core areas of substantive inquiry that CLEAR supports through its annual conference and other venues: compliance and discipline; testing and examination issues; entry to practice issues; and administration, legislation and policy.

In brief, CLEAR's hallmark is its inclusiveness. Since it does not lobby or adopt positions on debatable matters, CLEAR offers neutral ground to those holding diverse viewpoints. This holistic approach serves its members well and permits unusual responsiveness to a necessarily varied and changing constituency. At this time, CLEAR is particularly interested in closer ties with the regulatory community in Western Europe and Australasia.

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CLEAR's Mission

CLEAR is an association of individuals, agencies and organizations that comprise the international community of professional and occupational regulation.

CLEAR is a dynamic forum for improving the quality and understanding of regulation in order to enhance public protection.

Through conferences, services and publications, CLEAR provides the resources for ongoing and thorough communication of international licensure and regulation issues among all those interested in the field.

CLEAR's purpose is to bring together the professional regulatory community for:

- The exchange of information
- Education and training
- A central information clearinghouse
- The identification of best practices

CLEAR meets its mission through:

- Conferences and training
- Publications
- Answering inquiries
- Consulting
- Providing Networking Opportunities

Board Member Training

Information Sheet

Course Syllabi

Introduction to Regulatory Governance is a program designed to provide the proper foundation for effective regulatory board leadership. The program is offered in person, online and via webinar; all current offerings are listed on the **CLEAR Learning Calendar**. The curriculum features five modules:

- Foundations of Occupational and Professional Regulation
- Roles and Responsibilities of a Board Member
- Administrative Rulemaking
- Professional Discipline
- Assessing Competence

Advanced Concepts in Regulatory Governance is a two-day, in-person workshop for seasoned regulatory board members, promoting strategies for dealing with specific challenges faced by board members. The first day emphasizes the relationships that are integral to regulatory functions, including dealing with transition, identifying the roles of governance versus management and facilitating positive communication. The second day focuses on the accountability and evaluation role of regulatory board members. The program is designed to include interactive components which will allow attendees to apply the concepts to their own experiences.

Who should attend?

The program is geared toward regulatory board and council members, staff, attorneys and other key stakeholders.

What is the cost to *sponsor* a Board Member Training program?

CLEAR will provide one full day of **in-person training** and all training materials at a flat rate of US\$4,995 for members or US\$6,245 for nonmembers. Expenses for up to two instructors are additional. Arrangements for multi-day program offerings or tailored programming will be made on a case-by-case basis. Contact CLEAR Learning at 859-687-0262 or complete the **online form** to arrange a program.

What is the cost to *attend* the Introduction to regulatory governance program?

The Introduction to Regulatory Governance program is also offered in person in conjunction with CLEAR's Annual Educational Conference, as well as other CLEAR seminars and events. Registration for the in-person program is US\$245 for members and US\$305 for nonmembers. Those who attend the annual program and are also registered for the Annual Educational Conference will receive a discounted program registration rate of US\$165 for members and US\$230 for nonmembers.

What is the cost to *attend* the Advanced Concepts in Regulatory Governance program?

The program Advanced Concepts in Regulatory Governance is also offered in-person in conjunction with CLEAR's Annual Educational Conference. Registration for the program is US\$350 for members and US\$435 for nonmembers. Those who attend the annual program and register for the Annual Educational Conference will receive a discounted program registration rate of US\$270 for members and US\$355 for nonmembers.

What is the cost of the online Introduction to Regulatory Governance program?

The foundational, Introduction to Regulatory Governance program is available in an online, interactive format. **Registration** is available both on a per-person basis or as a yearly subscription.

- Individual: US\$180 for members, US\$230 for nonmembers
- Agency Subscription (up to 10 users per year): US\$950 for members, US\$1,200 for nonmembers
- Agency Subscription (unlimited use per year): US\$1,850 for members, US\$2,300 for nonmembers

After your registration is processed, you will receive an email from CLEAR staff with the web address to access the online training. An interactive self-test at the end of each module helps the participant to gauge whether they have understood the material. A certificate of completion is awarded to participants following submission of an evaluation form at the end of the last module.

* pricing is effective July 1, 2016

Please contact Jodie Markey for additional information.

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Join CLEAR

Join CLEAR to access the resources, information and relationships available within the international regulatory community. CLEAR membership is open to individuals and organizations involved in the licensure, non-voluntary certification or registration of the hundreds of regulated occupations and professions. The membership year runs from July 1 through June 30. Annual dues are not prorated. Membership dues vary based on the type of membership and the number of regulatory entities within an agency or organization. Please contact Nicolle Harkness at nharkness@clearhq.org with questions regarding CLEAR membership.

Membership Categories:

Regular CLEAR membership is open to:

- government agencies and legislated (publicly mandated) organizations concerned with professional and occupational regulation
- associations of government agencies and legislated (publicly mandated) organizations concerned with professional and occupational regulation. (Membership benefits accrue only to such organizations' national officers and employees)
- individual employees or officials of government agencies and legislated (publicly mandated) organizations concerned with professional and occupational regulation.

Associate CLEAR membership is open to:

- organizations not eligible for regular membership that have an interest in professional and occupational regulation, including state/provincial professional associations and national professional associations. (All benefits from membership accrue to the parent organization and not to the individual organizations comprising its membership)
- individuals employed by or affiliated with an organization eligible for Associate membership; however, such an individual shall not represent that organization
- vendors who supply goods and services to regulatory agencies/organizations
- other individuals who are interested in occupational and professional regulation.

Select membership level

* Mandatory fields

Membership * ☐ Agency responsible for 10-19 Regulated
level Entities/ Professions - \$1,720.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

☐ Agency responsible for 2 Regulated
 Entities/ Professions - \$370.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 20+ Regulated Entities/ Professions - \$2,865.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 3 Regulated Entities/ Professions - \$555.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 4 Regulated Entities/ Professions - \$740.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 5 Regulated Entities/ Professions - \$925.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 6 Regulated Entities/ Professions - \$1,110.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 7 Regulated Entities/ Professions - \$1,295.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 8 Regulated Entities/ Professions - \$1,480.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Agency responsible for 9 Regulated Entities/ Professions - \$1,665.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st

No recurring payments

- Association of agencies or organizations - \$505.00 (USD)

Bundle (unlimited)

Subscription period: 1 year, on: July 1st
No recurring payments

- Individual (employee of govt. agency/organization) - \$215.00 (USD)

Subscription period: 1 year, on: July 1st
No recurring payments

- Individual Agency or Regulatory Organization (gov't agencies & publicly mandated organizations) - \$250.00 (USD)

Bundle (unlimited)
Subscription period: 1 year, on: July 1st
No recurring payments

- National Professional Association/Certifying Organization - \$505.00 (USD)

Bundle (unlimited)
Subscription period: 1 year, on: July 1st
No recurring payments

- Other Government Agencies - \$505.00 (USD)

Bundle (unlimited)
Subscription period: 1 year, on: July 1st
No recurring payments

- Other Individuals - \$215.00 (USD)

Subscription period: 1 year, on: July 1st
No recurring payments

- Other Organizations/Vendors - \$860.00 (USD)

Bundle (unlimited)
Subscription period: 1 year, on: July 1st
No recurring payments

- State/Provincial Professional Association - \$505.00 (USD)

Bundle (unlimited)
Subscription period: 1 year, on: July 1st
No recurring payments

Next

Checklist for New Applications for Licensure by the SD Board of Examiners of Psychologists

- ☐ Application must contain (per ARSD 20:60:05:05):
- ☐ Name, address, and telephone number,
 - ☐ Date and place of birth,
 - ☐ Description of licenses held in other states,
 - ☐ Request for endorsement, if applicable,
 - ☐ Date and circumstance of previous national standardized examination,
 - ☐ A statement of any psychology licensure denied,
 - ☐ A statement of any criminal record,
 - ☐ A statement of education and training,
 - ☐ Official transcripts of education,
 - ☐ A description of internship,
 - ☐ A description of professional experience,
 - ☐ (Unless Exempted), Compliance with SDCL 36-27A-12 (Qualifications for license)
 - ☐ doctoral degree from regionally-accredited university or professional school of psychology, or is recognized by the Association of Universities and Colleges of Canada as a member in good standing,
 - ☐ Has passed any examination specified by the board for this purpose;
 - ☐ Has had a supervised psychology internship amounting to not less than 1800 hours in duration over a period of not more than two consecutive calendar years. The board shall specify, by rules promulgated pursuant to chapter 1-26, the nature of an acceptable supervised psychology internship,
 - ☐ Has had one year of supervised postdoctoral psychology practice. The board shall specify, by rules promulgated pursuant to chapter 1-26, the nature of acceptable postdoc yr of supervised psychology practice, and
 - ☐ Has not been convicted of a felony or a misdemeanor involving moral turpitude as defined in subdivision 22-1-2 (25),

AND

- ☐ Notarized signature of applicant

Per SDCL 36-27A-1:

- ☐ Received Ph.D. (Doctor of Philosophy), Psy.D. (Doctor of Psychology), or Ed.D. (Doctor of Education) from a training program that:
- ☐ is regionally accredited institute of higher education in the U.S.
- OR
- ☐ is a Canadian program recognized by the Assn of Universities and Colleges in Canada as a member in good standing;

- ☐ is identified as a psychology program certified by the educational institution (board may review catalogs and brochures from institution to determine psychological nature of program);
- ☐ must be a recognizable, coherent organizational entity within the institution;
- ☐ must be an integrated, organized sequence of study;
- ☐ must have an identifiable psychology faculty;
- ☐ must have an identifiable body of students who are matriculated in that program for purpose of receiving a degree;
- ☐ must include supervised practicum, field, or laboratory training in psychology, and a supervised internship that, pursuant to ARSD 20:60:08:01, meets the following:
 - ☐ Internship must be an organized training program distinct from and unrelated to current or previous employment and is designed to provide intern with a planned programmed sequence of training experiences, emphasizing breadth and quality of training. Internship training must provide for the integration of scientific, professional, and ethical knowledge, attitudes, and skills basic to the professional practice of psychology,
 - ☐ Internship agency must have a staff psychologist actively licensed at the doctoral level by the state in which the psychologist practices and provides supervision who is responsible for the integrity and quality of the psychology training program,
 - ☐ Internship supervision must be provided by a staff member of the internship agency or by an affiliate of that agency who is responsible for the cases being supervised. At least 2/3 of the internship supervision must be provided by one or more psychologists licensed at the doctoral level by the state in which they practice and provide supervision,
 - ☐ The internship must provide training in a variety of methods of assessment and diagnosis and of interventions and treatment across a variety of problems through activities conducted directly with clients,
 - ☐ At least 25% of the intern's time must be in direct client contact for the purpose of delivering clinical services,
 - ☐ Internship must include a minimum of 2 hrs/wk of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with services rendered directly by the intern. Supervision may include ethical and professional issues and considerations that have or could arise in the delivery of clinical services and may include the professional development and future of the intern. There must be at least one additional hour/week of supervised learning activities, such as co-facilitating group therapy with a staff person, joint supervisor-intern clinical interview or therapy session with clients, case conferences, treatment team case reviews, group supervision, and additional individual supervision,
 - ☐ Training must be at postclerkship, postpracticum, and postexternship levels, and must follow all didactic coursework relevant to the applied or specialty area of the academic curriculum required for the degree
 - ☐ Student must have a title such as intern, resident, or trainee or another title that

clearly identifies the student or training status, and

☐ Internship agency must have a written statement or brochure which describes the goals and content of the internship, which state clear expectations for the quantity and quality of the trainee's work, and which is available to prospective interns.

AND

☐ curriculum must encompass a minimum of three academic years of full-time graduate study and completion of a psychology internship prior to awarding the doctoral degree. At least two of the three academic training years must be with the institution from which the doctoral degree is granted, and at least one year of which must be in full time residence at that same institution. In addition to instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics, the core program shall require each student to demonstrate competence in each of the following substantive areas. This may be met by including a minimum of three or more graduate semester hours (five or more graduate quarter hours) in these four substantive content areas:

☐ Biological aspects of behavior: physiological psychology, comparative psychology, neuropsychology, psychopharmacology, psychophysics

☐ Cognitive-affective aspects of behavior: learning, thinking, motivation, emotion

☐ Social aspects of behavior: social psychology, community psychology, organizational and systems theory, minority group studies

☐ Individual differences: personality theory, human development, psychopathology, cultural diversity

☐ Program must include course requirements in specialty areas of psychology as well

Date Received in Board Office _____

Applicant Number _____

POST-DOCTORAL PSYCHOLOGICAL EXPERIENCE FORM-Revised

Supervisor please return the completed form directly to:

South Dakota Board of Examiners of Psychologists

810 N. Main St., #298

Spearfish, SD 57783-2447

The application for licensure cannot be processed until this completed form is received by the Board of Examiners.

TO BE COMPLETED BY APPLICANT

Applicant's Name _____
(Last) (First) (MI)

Applicant's Signature _____
(Signature) (Date)

TO BE COMPLETED BY SUPERVISING PSYCHOLOGIST

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. South Dakota licensing law requires one year of post-psychological experience as a prerequisite for licensure. You are being asked to certify the post-doctoral psychological experience of this applicant. Attesting to this applicant's post-doctoral training is a vital element of the licensing process. Any misstatements by a licensed psychologist in completing this form may constitute unethical/unprofessional conduct. Please complete this form as objectively and candidly as possible.

NO PORTION OF THE REMAINDER OF THIS FORM MAY BE COMPLETED BY THE APPLICANT.

1. Name, address and number of agency where psychological experience was obtained:

(Name)

(Mailing address)

(City) (State) (Zip)

(Telephone) (Fax Number)

2. Name, address and phone number of psychologist responsible for supervising the applicant's psychological experience:

(Name)

(Mailing address)

(City) (State) (Zip)

(Telephone) (Fax Number)

State/Province where Supervisor licensed: _____

License # _____ Date issued _____ Current: Yes ☐ No ☐

3. Inclusive dates of applicant's psychological experience:

Starting date _____ Completion date _____

4. Applicant's title during psychological experience: _____

(Over)

5. Applicant's position during psychological experience: _____

6. Applicant worked full time _____ or part-time _____
(hours per week) (hours per week)

7. Do you have any reservations that would assist the South Dakota Board of Examiners of Psychologists in evaluating this applicant's qualifications to engage in the practice of psychology? Should this be removed?
Yes ☐ No ☐

If YES, please explain:

I DO / DO NOT recommend this applicant for licensure in psychology. Should this be removed?
(Please Circle)

I declare and affirm under the penalties of perjury that this experience form has been completed by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Supervising Psychologist

Date

Date Received in Board Office _____

Applicant Number _____

POST-DOCTORAL PSYCHOLOGICAL EXPERIENCE FORM - ORIGINAL

Supervisor please return the completed form directly to:

South Dakota Board of Examiners of Psychologists

810 N. Main St., #298

Spearfish, SD 57783-2447

The application for licensure cannot be processed until this completed form is received by the Board of Examiners.

TO BE COMPLETED BY APPLICANT

Applicant's Name _____
(Last) (First) (MI)

Applicant's Signature _____
(Signature) (Date)

TO BE COMPLETED BY SUPERVISING PSYCHOLOGIST

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. South Dakota licensing law requires one year of post-psychological experience as a prerequisite for licensure. You are being asked to certify the post-doctoral psychological experience of this applicant. Attesting to this applicant's post-doctoral training is a vital element of the licensing process. Any misstatements by a licensed psychologist in completing this form may constitute unethical/unprofessional conduct. Please complete this form as objectively and candidly as possible.

NO PORTION OF THE REMAINDER OF THIS FORM MAY BE FILLED IN BY THE APPLICANT.

1. Name, address and number of agency where psychological experience was obtained:

(Name) _____

(Mailing address) _____

(City) _____ (State) _____ (Zip) _____

(Telephone) _____ (Fax Number) _____

2. Name, address and phone number of psychologist responsible for supervising the applicant's psychological experience:

(Name) _____

(Mailing address) _____

(City) _____ (State) _____ (Zip) _____

(Telephone) _____ (Fax Number) _____

State/Province where Supervisor licensed: _____

License # _____ Date issued _____ Current: Yes ☐ No ☐

3. Inclusive dates of applicant's psychological experience:

Starting date _____ Completion date _____

4. Applicant's title during psychological experience: _____

5. Applicant's position during psychological experience: _____

(Over)

6. Applicant worked full time _____ or part-time _____
(hours per week) (hours per week)

7. During the period of supervised experience, what percent of the applicant's direct service time was spent in service of the following age categories:

Preschool: _____ %
School Age: _____ %
Adolescent: _____ %
College: _____ %
Adult: _____ %
Senior Citizen: _____ % Total 100%

8. Please describe the nature of the applicant's psychological experience: _____

9. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgement and ethical conduct prerequisite to the independent unsupervised practice of psychology?

Yes ☐ No ☐

If NO, please explain:

10. What is the applicant not qualified to do in the practice of psychology (you may attach a separate sheet, if necessary)?

11. Would you hire this applicant as a professional psychologist?

Yes ☐ No ☐

If NO, please explain (you may attach a separate sheet, if necessary):

12. Do you have any reservations that would assist the South Dakota Board of Examiners of Psychologists in evaluating this applicant's qualifications to engage in the practice of psychology?

Yes ☐ No ☐

If YES, please explain:

I DO / DO NOT recommend this applicant for licensure in psychology.
(Please Circle)

I declare and affirm under the penalties of perjury that this experience form has been completed by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Supervising Psychologist

Date

Please return the completed form directly to:

South Dakota Board of Examiners of Psychologists - *REVISION*

810 N. Main St., #298

Spearfish, SD 57783-2447

Applicant's Name _____
(Last) (First) (MI)

This form applies only to applicants whose internships were not APA approved or APA accredited.

Was your internship program APA approved? Yes ☐ No ☐

If yes, please sign _____

If no, please complete the following:

APPLICANT PREDOCTORAL INTERNSHIP CONFIRMATION FORM

***Please attach the written materials about your internship.**

1) Name and describe the setting (eg., hospital, outpatient clinic, school, consortium, etc.) of your internship site:

2) What was your internship program's goal? _____

3) Duration of internship (# of months): _____ (# of hours) _____

Start Date

End Date

Was the internship continuous for the period indicated? Yes ☐ No ☐

If no, please explain: _____

4) Describe the population(s) (e.g., children, adults, minorities, homeless, chronically mentally ill, etc.) to which you provided direct psychological services: _____

5) Describe the types of psychological services (e.g., individual therapy, group psychotherapy, psychological evaluations, etc.) you provided to patients/clients: _____

Number of evaluations you completed during your internship: _____

*Please specify the types of evaluations you completed and specific tests administered (e.g., neuropsychological, full batteries including intellectual and projective and objective personality measure, etc.)

Approximate number of patients/clients seen per week: _____

- 6) Approximate number of hours spent in face-to-face psychological services per week: _____
- 7) Were you provided formal written policies and procedures (e.g., due process and grievance procedures, intern performance evaluation, goals and objective, etc.) when beginning your internship: Yes ☐ No ☐
- 8) Number of hours spent per week in:
 Individual, Face-to-Face Supervision _____
 Group Supervision _____
 Other _____
 Please explain: _____
- 9) Number of full-time doctoral-level psychologists that were licensed, registered, or certified and served as primary supervisors at internship site: _____
 *Did supervisors carry clinical responsibility for the cases being supervised (e.g., countersigning documentation or having their name on the treatment plan or summary)? Yes ☐ No ☐
- 10) Name of Program/Training Director: _____
 *Was this person licensed, registered, or certified to practice psychology in the jurisdiction in which the internship was located? Yes ☐ No ☐
 If no, where were they licensed? _____
 *Number of hours per week the Program/Training Director was on site: _____
- 11) Number of interns at your site (including yourself): _____
 *How many interns were full-time? _____ Half-time? _____
 *If not called "Interns", what title was used? _____
- 12) Total number of hours spent in didactic activities: _____
 _____ Case Conferences
 _____ Seminars
 _____ In-service Training
 _____ Grand Rounds
 _____ Other (please specify) _____
- 13) Did your program utilize fee splitting or productivity arrangements for interns where they are expected to generate all or part of their stipend through clinical billings? (NOT SURE WE WOULD NEED THIS ITEM AT ALL TO MAKE OUR DECISION)

Additional Comments:

Provide a copy of the program description or brochure, which outlines the goals and content of the internship.

Provide a copy of the due process procedures.

Provide a copy of your internship evaluation forms.

Provide a copy of your internship completion certificate.

Applicant's Signature

Date

Please return the completed form directly to:

South Dakota Board of Examiners of Psychologists -ORIGINAL
810 N. Main St., #298
Spearfish, SD 57783-2447

Applicant's Name _____
(Last) (First) (MI)

This form applies only to applicants whose internships were not APA approved or APA accredited.

Was your internship program APA approved? Yes ☐ No ☐

If yes, please sign _____

If no, please complete the following:

APPLICANT PREDOCTORAL INTERNSHIP CONFIRMATION FORM

***Please attach the written materials about your internship.**

1) Name and describe the setting (eg., hospital, outpatient clinic, school, consortium, etc.) of your internship site:

2) What was your internship program's goal? _____

3) Duration of internship (# of months): _____ (# of hours) _____

Start Date

End Date

Was the internship continuous for the period indicated? Yes ☐ No ☐

If no, please explain: _____

4) Describe the population(s) (e.g., children, adults, minorities, homeless, chronically mentally ill, etc.) to which you provided direct psychological services: _____

5) Describe the types of psychological services (e.g., individual therapy, group psychotherapy, psychological evaluations, etc.) you

Provided to patients/clients: _____

Number of evaluations you completed during your internship: _____

*Please specify the types of evaluations you completed and specific tests administered (e.g., neuropsychological, full batteries including intellectual and projective and objective personality measure, etc.)

Approximate number of patients/clients seen per week: _____

- 6) Approximate number of hours spent in face-to-face psychological services per week: _____
- 7) Were you provided formal written policies and procedures (e.g., due process and grievance procedures, intern performance evaluation, goals and objective, etc.) when beginning your internship: Yes ☐ No ☐
- 8) Number of hours spent per week in:
Individual, Face-to-Face Supervision _____
Group Supervision _____
Other _____
Please explain: _____
- 9) Number of full-time doctoral-level psychologists that were licensed, registered, or certified and served as primary supervisors at internship site: _____
*Did supervisors carry clinical responsibility for the cases being supervised (e.g., countersigning documentation or having their name on the treatment plan or summary)? Yes ☐ No ☐
- 10) Name of Program/Training Director: _____
*Was this person licensed, registered, or certified to practice psychology in the jurisdiction in which the internship was located? Yes ☐ No ☐
If no, where were they licensed? _____
*Number of hours per week the Program/Training Director was on site: _____
- 11) Number of interns at your site (including yourself): _____
*How many interns were full-time? _____ Half-time? _____
*If not called "Interns", what title was used? _____
- 12) Total number of hours spent in didactic activities: _____
_____ Case Conferences
_____ Seminars
_____ In-service Training
_____ Grand Rounds
_____ Other (please specify) _____
- 13) Did your program utilize fee splitting or productivity arrangements for interns where they are expected to generate all or part of their stipend through clinical billings?

Additional Comments:

Provide a copy of the program description or brochure, which outlines the goals and content of the internship.

Provide a copy of the due process procedures.

Provide a copy of your internship evaluation forms.

Provide a copy of your internship completion certificate.

Applicant's Signature

Date

Supervisor, please return the completed form directly to:

South Dakota Board of Examiners of Psychologists

810 N. Main St., #298
Spearfish, SD 57783-2447

Apt# _____

(For Board Use)

This application for licensure cannot be processed until this completed form is received by the Board of Examiners.

PREDOCTORAL INTERNSHIP SUPERVISION CONFIRMATION FORM - REVISED

PART I. TO BE COMPLETED BY APPLICANT AND SENT TO INTERNSHIP DIRECTORS

Applicant's Name _____
(Last) (First) (MI)

Applicant's Signature _____
(Signature) (Date)

PART II. INTERNSHIP TRAINING DIRECTOR

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. You are being asked to certify the supervised predoctoral psychology internship of this applicant. Attesting to this applicant's internship training is a critical element of the licensing process. Any misstatements by a licensed psychologist in completing this form may constitute unethical/unprofessional conduct. Please complete this form as objectively and candidly as possible.

NO PORTION OF THE REMAINDER OF THIS FORM MAY BE FILLED IN BY THE APPLICANT.

PART III. INFORMATION ABOUT INTERNSHIP

The internship must be an organized training program designed to provide the intern with a planned programmed sequence of training experiences, emphasizing breadth and quality of training.

Name of Program: _____

Internship Facility: _____

Address of: _____
(Street / P.O. Box) (City) (State) (Zip)

Phone Number: (_____) _____

1. At the time of this applicant's internship was the internship program APA-Approved? Yes ☐ No ☐

Is the internship program presently APA-Approved? Yes ☐ No ☐

2. Name of agency psychologist who was designated to be responsible for the integrity and quality of the training program:

(Last) (First) (MI)

(Degree) (State) (License #)

PART III. INFORMATION ABOUT INTERNSHIP (continued)

1. Inclusive dates of applicant's internship: Beginning: _____ Termination Date: _____
2. Applicant's title during the internship: _____
3. Applicant's position during the internship: ____ I'd remove this. _____
4. Total number of internship hours completed by the applicant: _____
5. Internship was full-time _____ or part-time _____
(Hours/Week) (Hours/Week)
6. Number of other interns in training during this applicant's internship: (this is not needed for licensure) _____
7. Number of licensed psychologists on the internship training faculty: (this is not needed for licensure) _____
8. Percentage of time applicant's supervision was provided by license psychologists: _____
9. Percentage of time applicant's supervision was provided by persons other than license psychologists: _____;
Specify supervisor's profession or discipline: _____
10. Percent of time applicant spent in direct client contact: _____
11. Number of hours per week applicant spent in face-to-face individual supervision: _____
12. Number of additional hours per week applicant spent in learning activities in which the applicant was
actively involved: _____

IMPORTANT:

PLEASE RETURN WITH THIS COMPLETED FORM A WRITTEN STATEMENT OR BROCHURE WHICH DESCRIBES THE GOALS AND CONTENT OF THE INTERNSHIP, WHICH STATES CLEAR EXPECTATIONS FOR THE QUALITY AND QUANTITY OF THE TRAINEES'S WORK, AND WHICH IS AVAILABLE TO PROSPECTIVE INTERNS.

Submission of a written statement or brochure is required for this form to be complete.

PART IV. INFORMATION ABOUT INTERN

1. During the period of supervised experience, what percent of the applicant's direct service time was spent in service of the following age categories:

Preschool: _____ %
School Age: _____ %
Adolescent: _____ %
College: _____ %
Adult: _____ %
Senior Citizen: _____ % Total 100%

2. Please describe work load and training activities of the applicant: _____

3. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgment and ethical conduct requisite to the practice of psychology?

Yes ☐ No ☐

If NO, please explain:

4. Have you ever had a relationship with this applicant other than a supervisory relationship?

Yes ☐ No ☐

If YES, please explain:

5. Is this applicant qualified by internship training to administer and interpret projective tests? (NOT NEEDED) Yes ☐ No ☐

6. What is the applicant not qualified to do in the practice of psychology? __ (technically not needed) _____

7. Would you hire this applicant as a professional psychologist? (I'd remove this item)

Yes ☐ No ☐

If NO, please explain:

8. Do you have any reservations that would assist the South Dakota Board of Examiners of Psychologists in evaluating this applicant's qualifications to engage in the practice of psychology? (technically not needed)

Yes ☐ No ☐

If YES, please explain:

PART V. INFORMATION ABOUT SUPERVISOR (need to add email?)

1. Name: _____ Title: _____

2. Current Address: _____
(Street / P.O. Box) (City) (State) (Zip)

3. Current Phone Number: (_____) _____ (_____) _____
(Work) (Fax)

4. Highest Degree Earned: _____

5. Title at time applicant was supervised: _____

6. Are you a licensed psychologist? Yes ☐ No ☐

7. If you are a licensed psychologist, please list:

State/Province: _____ Level: _____

License # _____ Date Acquired: _____

If you are a licensed psychologist in any other states/provinces, please list:

State/Province: _____ Level: _____

License # _____ Date Acquired: _____

If you are not licensed or certified, please complete the following:

Major subject of degree: _____

Title of department and school granting degree: _____

Number of years worked in the capacity as a professional psychologist: _____

I DO / DO NOT recommend this applicant for licensure in psychology.

I declare and affirm under the penalties of perjury that this Supervision Confirmation Form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Internship Director's / Supervisor's Signature

Date

Supervisor, please return the completed form directly to:

South Dakota Board of Examiners of Psychologists

810 N. Main St., #298
Spearfish, SD 57783-2447

Apt# _____

(For Board Use)

This application for licensure cannot be processed until this completed form is received by the Board of Examiners.

PREDOCTORAL INTERNSHIP SUPERVISION CONFIRMATION FORM - ORIGINAL

PART I. TO BE COMPLETED BY APPLICANT AND SENT TO INTERNSHIP DIRECTORS

Applicant's Name _____
(Last) (First) (MI)

Applicant's Signature _____
(Signature) (Date)

PART II. INTERNSHIP TRAINING DIRECTOR

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. You are being asked to certify the supervised predoctoral psychology internship of this applicant. Attesting to this applicant's internship training is a critical element of the licensing process. Any misstatements by a licensed psychologist in completing this form may constitute unethical/unprofessional conduct. Please complete this form as objectively and candidly as possible.

NO PORTION OF THE REMAINDER OF THIS FORM MAY BE FILLED IN BY THE APPLICANT.

PART III. INFORMATION ABOUT INTERNSHIP

The internship must be an organized training program designed to provide the intern with a planned programmed sequence of training experiences, emphasizing breadth and quality of training.

Name of Program: _____

Internship Facility: _____

Address of: _____
(Street / P.O. Box) (City) (State) (Zip)

Phone Number: (_____) _____

1. At the time of this applicant's internship was the internship program APA-Approved? Yes ☐ No ☐

Is the internship program presently APA-Approved? Yes ☐ No ☐

2. Name of agency psychologist who is designated to be responsible for the integrity and quality of the training program:

(Last) (First) (MI)

(Degree) (State) (License #)

PART III. INFORMATION ABOUT INTERNSHIP (continued)

1. Inclusive dates of applicant's internship: Beginning: _____ Termination Date: _____
2. Applicant's title during the internship: _____
3. Applicant's position during the internship: _____
4. Total number of internship hours completed by the applicant: _____
5. Internship was full-time _____ or part-time _____
(Hours/Week) (Hours/Week)
6. Number of other interns in training during this applicant's internship: _____
7. Number of licensed psychologists on the internship training faculty: _____
8. Percentage of time applicant's supervision was provided by license psychologists: _____
9. Percentage of time applicant's supervision was provided by persons other than license psychologists: _____;
Specify supervisor's profession or discipline: _____
10. Percent of time applicant spent in direct client contact: _____
11. Number of hours per week applicant spent in face-to-face individual supervision: _____
12. Number of additional hours per week applicant spent in learning activities in which the applicant was
actively involved: _____

IMPORTANT:

PLEASE RETURN WITH THIS COMPLETED FORM A WRITTEN STATEMENT OR BROCHURE WHICH DESCRIBES THE GOALS AND CONTENT OF THE INTERNSHIP, WHICH STATES CLEAR EXPECTATIONS FOR THE QUALITY AND QUANTITY OF THE TRAINEES'S WORK, AND WHICH IS AVAILABLE TO PROSPECTIVE INTERNS.

Submission of a written statement or brochure is required for this form to be complete.

PART IV. INFORMATION ABOUT INTERN

1. During the period of supervised experience, what percent of the applicant's direct service time was spent in service of the following age categories:

Preschool: _____ %
School Age: _____ %
Adolescent: _____ %
College: _____ %
Adult: _____ %
Senior Citizen: _____ % Total 100%

2. Please describe work load and training activities of the applicant: _____

3. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgment and ethical conduct requisite to the practice of psychology?

Yes ☐ No ☐

If NO, please explain:

4. Have you ever had a relationship with this applicant other than a supervisory relationship?

Yes ☐ No ☐

If YES, please explain:

5. Is this applicant qualified by internship training to administer and interpret projective tests?

Yes ☐ No ☐

6. What is the applicant not qualified to do in the practice of psychology? _____

7. Would you hire this applicant as a professional psychologist?

Yes ☐ No ☐

If NO, please explain:

8. Do you have any reservations that would assist the South Dakota Board of Examiners of Psychologists in evaluating this applicant's qualifications to engage in the practice of psychology?

Yes ☐ No ☐

If YES, please explain:

PART V. INFORMATION ABOUT SUPERVISOR

1. Name: _____ Title: _____

2. Current Address: _____
(Street / P.O. Box) (City) (State) (Zip)

3. Current Phone Number: (_____) _____ (_____) _____
(Work) (Fax)

4. Highest Degree Earned: _____

5. Title at time applicant was supervised: _____

6. Are you a licensed psychologist? Yes ☐ No ☐

7. If you are a licensed psychologist, please list:

State/Province: _____ Level: _____

License # _____ Date Acquired: _____

If you are a licensed psychologist in any other states/provinces, please list:

State/Province: _____ Level: _____

License # _____ Date Acquired: _____

If you are not licensed or certified, please complete the following:

Major subject of degree: _____

Title of department and school granting degree: _____

Number of years worked in the capacity as a professional psychologist: _____

I DO / DO NOT recommend this applicant for licensure in psychology.

I declare and affirm under the penalties of perjury that this Supervision Confirmation Form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Internship Director's / Supervisor's Signature

Date

For Board Use Only

Date of Application _____ \$ _____ Application Fee CK# _____ App# _____
Date of Oral Examination _____ Oral Examination Results _____
License Number _____ Date Issued _____ Expires _____
Date Child Support Checked: _____ Y / N Date ASPPB Data Bank Checked _____ Y / N
Date of Licensure Fee Paid: _____ CK# _____ \$ _____ ¼ ½ ¾ 1 year prorated

South Dakota Board of Examiners of Psychologists - **REVISED**
810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

GENERAL INFORMATION (Please Type)

1. Name _____
(Last) (First) (MI) (Previous name)
2. Degree _____
- Social Security Number (not sure we need this?) _____
3. Business Address _____
(Street or P.O. Box) (City) (State) (Zip)
- Business Phone () _____
4. Home Address _____
(Street or P.O. Box) (City) (State) (Zip)
- Home Phone () _____ Email Address: _____
5. Date of Birth ____/____/____ Place of Birth: _____
6. Gender: _____ (or do we even need/want this at all?)
7. Race (Please Circle One): _____ (or do we even need/want this at all?)
8. Ethnicity (Please Circle One): Hispanic - Nonhispanic - Prefer Not To Answer - Not Applicable (do we need this at all?)
9. Are you a Diplomate of American Board of Professional Psychology? Yes ☐ No ☐
10. Are you or have you ever been licensed as a Psychologist in any other State or Province?
Please send a Verification of Licensure Form to each State or Province to be completed and returned directly to the Board Office.
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
11. Have you ever taken the Examination for Professional Practice in Psychology (EPPP)? Yes ☐ No ☐
If yes, in which States/Provinces? _____ Date _____
If yes, please have scores sent directly to the above address by EPPP.
12. Has any State/Province rejected your application or revoked your professional license or certificate? Yes ☐ No ☐

13. Has any professional association rejected your application for membership or revoked a membership you held?
If yes, give complete details on a separate sheet. Yes ☐ No ☐
14. Has any State/Province Regulatory Board or any professional organization determined that you committed unprofessional conduct?
If yes, give complete details on a separate sheet. Yes ☐ No ☐
15. Have you ever been convicted of a crime other than misdemeanor traffic offenses?
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in the case. Yes ☐ No ☐
16. Have you ever been accused in a court of law of any civil or criminal misconduct, other than misdemeanor traffic offenses, which is not listed elsewhere in your responses to this application?
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decision in that case. Yes ☐ No ☐
17. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes ☐ No ☐
18. Is your spouse an active duty member of the armed forces? Yes ☐ No ☐
If yes, was your spouse subject to military transfer to South Dakota? Yes ☐ No ☐
If yes, did you leave employment to accompany your spouse to South Dakota? Yes ☐ No ☐

19. EDUCATION OR TRAINING Please have transcripts sent directly to the Board office.

University Or College	Address (City, State, Zip)	Dates Attended (xx/xx/xxxx - xx/xx/xxxx)	Degree	Major Subject
a.				
b.				
c.				
d.				
e.				

20. DOCTORAL DEGREE:

Major Advisor _____

Department _____

Title of Dissertation _____

21. Please attach a sheet arranging your courses to the content areas of biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, individual differences. You must complete this requirement for your application to be approved.
*Please see attached example on how to arrange.

22. INTERNSHIP. (Please have supervisor complete internship form)

Name of Facility _____

Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: (From) _____ (To) _____

Total Number of Internship Hours Completed _____

Nature of Training _____

Name of Direct Supervisor _____

Supervisor's Title _____

23. List major postdoctoral psychological experience (list supervisor, number of hours and dates): _____

24. My primary areas of intended professional practice are: _____

25. PROFESSIONAL EXPERIENCE (Please list current position first)

a. Employer Name (current) _____ **DO WE EVEN NEED BUSINESS TYPE?**
Business Type (Please Circle One): Individual – LLC – Partnership – Corporation – Association – LLP – Other – Unknown

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Start Date: _____ Primary Responsibilities _____

Supervisor _____

b. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

c. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

d. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

e. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Applicant

Date

The undersigned, having appeared before me and being identified as the same individual by appropriate identification, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Sworn to before me this _____

day of _____

Signature of Notary Public

My commission expires _____

The Board of Psychologists does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

In accordance with the Americans with Disabilities Act, if you so desire special accommodations please contact this office 60 days prior to exam.

For Board Use Only

Date of Application _____ \$ _____ Application Fee CK# _____ App# _____
Date of Oral Examination _____ Oral Examination Results _____
License Number _____ Date Issued _____ Expires _____
Date Child Support Checked: _____ Y / N Date ASPPB Data Bank Checked _____ Y / N
Date of Licensure Fee Paid: _____ CK# _____ \$ _____ ¼ ½ ¾ 1 year prorated

South Dakota Board of Examiners of Psychologists - ORIGINAL

810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

GENERAL INFORMATION (Please Type)

1. Name _____ (Last) (First) (MI) 2. Degree _____
Social Security Number _____
3. Business Address _____ (Street or P.O. Box) (City) (State) (Zip)
Business Phone () _____
4. Home Address _____ (Street or P.O. Box) (City) (State) (Zip)
Home Phone () _____
5. Date of Birth ____/____/____ Email _____
6. Race (Please Circle One): White - Black or African American - American Indian or Alaskan Native - Asian
Native Hawaiian or Other Pacific Islander - Not Listed or Prefer Not to Answer - Not Applicable
7. Gender (Please Circle One): Male - Female - Prefer Not To Answer - Not Applicable
8. Ethnicity (Please Circle One): Hispanic - Nonhispanic - Prefer Not To Answer - Not Applicable
9. Diplomate of American Board of Professional Psychology? Yes ☐ No ☐
10. Are you or have you ever been licensed as a Psychologist in any other State or Province?
Please send a Verification of Licensure Form to each State or Province to be completed and returned directly to the Board Office.
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
11. Have you ever taken the Professional Examination Service examination for licensure or certification in Psychology? Yes ☐ No ☐
If yes, in which States/Provinces? _____ Date _____
If yes, please have scores sent directly to the above address by EPPP.

12. Has any State/Province rejected your application or revoked your professional license or certificate? Yes ☐ No ☐
13. Has any professional association rejected your application for membership or revoked a membership you held? Yes ☐ No ☐
If yes, give complete details on a separate sheet.
14. Has any State/Province Regulatory Board or any professional organization determined that you committed unprofessional conduct? Yes ☐ No ☐
If yes, give complete details on a separate sheet.
15. Have you ever been convicted of a crime other than misdemeanor traffic offenses? Yes ☐ No ☐
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in the case.
16. Have you ever been accused in a court of law of any civil or criminal misconduct, other than misdemeanor traffic offenses, which is not listed elsewhere in your responses to this application? Yes ☐ No ☐
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decision in that case.
17. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes ☐ No ☐
18. Is your spouse an active duty member of the armed forces? Yes ☐ No ☐
If yes, was your spouse subject to military transfer to South Dakota? Yes ☐ No ☐
If yes, did you leave employment to accompany your spouse to South Dakota? Yes ☐ No ☐

19. EDUCATION OR TRAINING Please have transcripts sent directly to the Board office.

University Or College	Address (City, State, Zip)	Dates Attended (xx/xx/xxxx - xx/xx/xxxx)	Degree	Major Subject
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

20. DOCTORAL DEGREE:

Major Advisor _____

Department _____

Title of Dissertation _____

21. **Please attach a sheet arranging your courses to the content areas of biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, individual differences. You must complete this requirement for your application to be approved.**

22. INTERNSHIP. (Please have supervisor complete internship form)

Name of Facility _____

Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: (From) _____ (To) _____

Total Number of Internship Hours Completed _____

Nature of Training _____

Name of Direct Supervisor _____

Supervisor's Title _____

23. List major postdoctoral psychological experience (list supervisor, number of hours and dates): _____

24. My primary areas of intended professional practice are: _____

25. PROFESSIONAL EXPERIENCE (Please list current position first)

Unknown – Individual – LLC

Partnership – Corporation

a. Employer Name (current) _____ Employer Business Type: *Association – LLP – Other*
(Please Circle One)

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Start Date: _____ Primary Responsibilities _____

Supervisor _____

b. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

c. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

d. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

e. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Applicant

Date

The undersigned, having appeared before me and being identified as the same individual by appropriate identification, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Sworn to before me this _____

day of _____

Signature of Notary Public

My commission expires _____

The Board of Psychologists does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

In accordance with the Americans with Disabilities Act, if you so desire special accommodations please contact this office 60 days prior to exam.

South Dakota Board of Examiners of Psychologists-Revised

810 N. Main St., #298
Spearfish, SD 57783-2447

RELEASE AND WAIVER FOR SUPERVISORS

INSTRUCTIONS: You must complete this form and send to your supervisors along with the appropriate supervisory form. Please make enough copies of this Release and Waiver Form so that you can sign an original for each supervisor.

I, _____, the applicant named in the attached and foregoing application for licensure as a Psychologist in South Dakota, do hereby authorize _____

to release all information in its possession that relates or may relate to my fitness to practice psychology to the South Dakota Board of Examiners of Psychologists or its designee, and I authorize the South Dakota Board of Examiners of Psychologists or its agents or employees to consider any or all such information in approving South Dakota criteria for licensure from the attached application. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor to release such information to the South Dakota Board of Examiners of Psychologists or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred to above.

In consideration of the above named supervisor releasing any information in its possession concerning me, I _____, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the

(NAME OF SUPERVISOR)

the State of South Dakota, the South Dakota Board of Examiners of Psychologists and their officers, agents and employees from and against any and all claims, actions, suits, damages, and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, _____.

Applicant

Witness

Witness

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, _____, before me,

_____, the undersigned officer, personally appeared

_____, known to me or satisfactorily proved to be

the person whose name is subscribed to the within instrument and acknowledged to me that _____ he executed the same for

the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

Notary Public

State of _____

My Commission Expires: _____

(SEAL)

South Dakota Board of Examiners of Psychologists - ORIGINAL
810 N. Main St., #298
Spearfish, SD 57783-2447

RELEASE AND WAIVER FOR SUPERVISORS

INSTRUCTIONS: You must complete this form and send to your supervisors along with the appropriate supervisory form. Please make enough copies of this Release and Waiver Form so that you can sign an original for each supervisor.

I, _____, the applicant named in the attached and foregoing application for licensure as a Psychologist in South Dakota, do hereby authorize _____

_____ to release all information in its possession that relates or may relate to my fitness to practice psychology to the South Dakota Board of Examiners of Psychologists or its designee, and I authorize the South Dakota Board of Examiners of Psychologists or its agents or employees to consider any or all of such information in passing on the attached application. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor to release such information to the South Dakota Board of Examiners of Psychologists or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred to above.

In consideration of the above named supervisor releasing any information in its possession concerning me, I _____, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the _____

the State of South Dakota, the South Dakota Board of Examiners of Psychologists and their officers, agents and employees from and against any and all claims, actions, suits, damages, and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, _____.

Applicant

Witness

Witness

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, _____, before me,

_____, the undersigned officer, personally appeared

_____, known to me or satisfactorily proved to be

the person whose name is subscribed to the within instrument and acknowledged to me that _____ he executed the same for

the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

Notary Public

State of _____

My Commission Expires: _____

(SEAL)

ORIGINAL
Application for Relicensure

Board of Examiners of Psychologists

810 N. Main Street #298
Spearfish, SD 57783
Ph. 605-642-1600

For Board Use Only

Date Received: _____

\$_____ CK# _____

Approved By: _____

Relicensure Period: _____

***Please be advised the license renewal fee is \$300.00 payable by check or money order.**

License # _____

Please send all correspondence to my: _____ Mailing Address _____ Employment Address

Licensee Name: _____
(Last) (First) (Middle) (Maiden)

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Employer Name: _____

Employer Address: _____
(Street and PO Box) (City) (State) (Zip)

Email Address (Optional): _____

☐ **The above is an address change**

☐ **I WILL NOT be renewing.** Please return form to the board office with the above information completed and be sure to sign the form. No other information is necessary.

Since the original date of your South Dakota Psychologist License	Yes	No
1. Has this or any other state rejected your application or revoked your professional license or certificate? If yes, provide full details on a separate sheet.		
2. Has any professional association rejected your application for membership or revoked a membership you held? If yes, provide full details on a separate sheet.		
3. Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by a state board of psychologist examiners of such unprofessional conduct? If yes, provide full details on a separate sheet.		
4. Have you been convicted by a court of law for any offense in connection with your practice as a Psychologist? If yes, provide full details on a separate sheet.		
5. Have you been convicted of a felony after being licensed in the state of South Dakota? If yes, provide full details on a separate sheet.		
6. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe more than \$1,000 in past due child support?		

(Over)

[illegible]

APPLICATION FOR LICENSURE COVER LETTER - REVISED
SUBMITTED TO
SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS
810 N. MAIN ST., #298
SPEARFISH, SD 57783

I hereby apply to be considered for licensure by the South Dakota Board of Examiners of Psychologists. I understand that South Dakota requires passing of the Examination for the Professional Practice of Psychology (EPPP) and an oral examination administered by the Board of Examiners.

I understand the EPPP is a national examination covering a broad spectrum of knowledge of psychology. The oral examination covers ethical practice and South Dakota state law governing psychologists and several board issued memorandums. The ethical principles for South Dakota licensed psychologists is the 2005 ASPPB Code of Conduct, which is included in your application packet. New one coming?

I have enclosed a \$300.00 non-refundable fee that covers the processing of my application credentials and the oral examination (check or money order should be payable to SD Board of Examiners of Psychologists). I understand my application will be returned to me if I do not enclose the application fee with the application. I understand that if I have already obtained a passing score on the EPPP in another state or Canadian Province, the EPPP may be waived if my previous scores meet South Dakota's requirements. (To be considered for a waive, you must first have the Professional Examination Service, 475 Riverside Drive, New York, NY 10027 send your test score directly to the SD Board of Examiners of Psychologists).

I understand that if I wish to sit for the EPPP, the SD Board of Examiners must have approved my completed application, including the completed Internship Confirmation Form. I understand that I will not be permitted to sit for the EPPP until my credentials are received and approved by the Board. After approval of my application, the board office will notify the testing company. The testing company will notify me directly with all instructions and fees.

I understand that if I have already taken the EPPP, the Board of Examiners must receive my completed application no fewer than 10 weeks in advance of the oral examination. The oral examination will be administered only after all application materials have been approved. What about military folks?

I have requested official transcripts from all my graduate programs to be sent directly to the institutions involved to the SD Board of Examiners of Psychologists.

I understand that at the discretion of the Board of Examiners I may be asked to furnish additional credentials or documentation.

I (have) (have not) made a previous application to the South Dakota Board of Examiners of Psychologists. I declare and affirm under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Printed Name: _____ Signature: _____

Date: _____

APPLICATION FOR LICENSURE COVER LETTER - ORIGINAL
SUBMITTED TO
SOUTH DAKOTA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
810 N. MAIN ST., #298
SPEARFISH, SD 57783

I hereby apply to be considered for licensure by the South Dakota State Board of Examiners of Psychologists. I understand that South Dakota requires passing of the Examination for the Professional Practice of Psychology (EPPP) and an oral examination administered by the Board of Examiners.

I understand the EPPP is a national examination covering a broad spectrum of knowledge of psychology. The oral examination covers ethical practice and South Dakota State law governing psychologists and several board issued memorandums. The ethical principles for South Dakota psychologists is the 2005 ASPPB Code of Conduct, which is included in your application packet.

I have enclosed a \$300.00 non-refundable fee that covers the processing of my application credentials and the oral examination. (check or money order should be payable to SD State Board of Examiners of Psychologists.) I understand my application will be returned to me if I do not enclose the application fee with the application. I understand that if I have already obtained a passing score on the EPPP in another state or Canadian Province, the EPPP may be waived if my scores meet South Dakota's requirements. (To be considered for waiver you must first have the Professional Examination Service, 475 Riverside Drive, New York, NY 10027 send your test score directly to the SD State Board of Examiners of Psychologists.)

I understand that if I wish to sit for the EPPP, the Board of Examiners must have approved my completed application, including the completed Internship Confirmation Form. I understand that I will not be permitted to sit for the EPPP until my credentials are received and approved by the Board. After approval of my application, the board office will notify the testing company. The testing company will notify me directly with all instructions and fees.

I understand that if I have already taken the EPPP, the Board of Examiners must receive my completed application no fewer than 10 weeks in advance of the oral examination. The oral examination will be administered only after all application materials have been approved.

I have requested official transcripts from all my graduate programs to be sent directly by the institutions involved to the SD Board of Examiners of Psychologists.

I understand that at the discretion of the Board of Examiners I may be asked to furnish additional credentials or documentation.

I (have) (have not) made a previous application to the South Dakota State Board of Examiners of Psychologists. I declare and affirm under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature: _____

Date: _____



ORIGINAL
SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS
810 N. Main St., #298
Spearfish, SD 57783
605-642-1600

FORM FOR THE VERIFICATION OF ALL PAST/PRESENT LICENSURE

To The Applicant: Complete the top portion of this form and send to the Licensing Authority/Regulatory Board in the state or Canadian Province in which you were licensed or certified.

FULL NAME: _____
(Last Name) (First Name) (Middle) (Maiden)

ADDRESS: _____
(Mailing) (City) (State) (Zip)

LICENSE OR CERTIFICATION NUMBER: _____ EXPIRATION DATE _____

ORIGINAL DATE OF LICENSURE/CERTIFICATION _____

.....
To the Licensing Authority/Regulatory Board: Please provide the information requested below and return directly to our Board address.

I, an Authorized Board Representative of _____,
(state or province)

hereby certify that the above applicant is/was licensed at the level of _____, in
(license title)

good standing, was granted a State Certificate/License Number _____ to

practice Psychology in the state/province of _____, on the basis of:

____ Exemption ____ Written Examination ____ Reciprocity ____ Endorsement ____ Oral Examination ____ Other

If other, please explain on a separate sheet.

DATE & YEAR ISSUED: _____ EXPIRATION DATE: _____

I further certify that our records _____ do _____ do not show information concerning this individual that is derogatory in nature. The above individual has/has not been reported to HIPDB or ASPPB for disciplinary reason by this board.

Explanation of derogatory information: _____

Name of Authorized Board Representative _____
(Signature)

(Print name)

Board Address: _____
Mailing Address

City, State, Zip

Board Telephone (____) _____

Email Address _____ Board Use: _____

Web Site _____ Received _____

Please enclose a copy of your state or province licensing/certification law for psychologists.

(SEAL)

ORIGINAL
SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS
RELEASE AND WAIVER FOR STATES/PROVINCES

TO BE COMPLETED BY APPLICANT

Instructions: You must complete this form and send to any state/providence that you have been licensed or certified in. Please request that they send the records to:

SD Board of Examiners of Psychologists
810 N. Main St., #298
Spearfish, SD 57783

Please make enough copies of this Release and Waiver Form so that you can sign an original for each state, as well as an original to this office.

I, _____, an applicant for licensure as a Psychologist in

South Dakota, do hereby authorize the State of _____
(Name of Regulator Board or Agency You Were Licensed In)

(Agency Address)

(State)

(Zip)

Telephone

to release all information in its possession that relates or many relate to my fitness to practice Psychology to the South Dakota Board of Examiners of Psychologists or its designee, and I authorize the South Dakota Board of Examiners of Psychologists or its agents or employees to consider any or all of such information on the attached application. This authorization, release and waiver specifically applies to my application. This authorization, release and waiver specifically applies to all information in possession of the above named regulatory board or agency, including all materials deemed privileged or confidential, and I hereby direct the named regulatory agency or board to release such information to the South Dakota Board of Examiners of Psychologists or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred to above.

In consideration of the above name regulatory board or agency releasing any information in its possession concerning me, I, _____, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the South Dakota Board of Examiners of Psychologists, the State of South Dakota, the South Dakota Board of Examiners of Psychologists officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, 20_____.

Applicant

Witness

STATE OF _____
COUNTY OF _____ } SS

Witness

On this, the _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____,

(Applicant)

me or satisfactorily proven to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have set my hand and official seal.

Notary Public _____

My Commission Expires _____

From: ASPPB Listserv <ASPPB@LISTSERV.ASPPB.ORG> on behalf of Robin Pence
<rpence@ASPPB.ORG>
Sent: Saturday, October 21, 2017 2:40 PM
To: ASPPB@LISTSERV.ASPPB.ORG
Subject: EPPP Part 2 Letter to Member Jurisdictions
Attachments: EPPP2 Webinar Invite-v8.pdf

Dear Chairs, Executive Directors, and Members of ASPPB Member Jurisdictions,

I am writing to you to share with all ASPPB member jurisdictions some important new developments about the EPPP Part 1 and Part 2 that were announced today during the 2017 ASPPB Annual Meeting. These new developments represent an important change from the original thinking about how ASPPB would implement the EPPP Part 2. The ASPPB Board of Directors, based on a number of factors, including feedback from our member jurisdictions and input from our legal counsel, has determined that the EPPP Part 2 is a necessary enhancement, and therefore an essential component of the EPPP. When we began creating the EPPP Part 2, the Board, the volunteers and staff working to develop a standardized assessment of essential professional skills thought that jurisdictions would be encouraged to adopt Part 2 as they saw fit. This "rolling adoption" approach of encouraging, but not requiring, every jurisdiction to use Part 2 once it was available is how we presented the implementation plan to all of our member jurisdictions because we assumed this would be the most feasible strategy. However, as the Board considered the unintended implications of allowing jurisdictions to choose a time frame and mechanism to adopt the EPPP Part 2, the Board determined that the integrity and legal defensibility of the EPPP depended on treating Part 2 as an essential and integral part of the assessment of competence to practice for all those using the EPPP as a requirement for licensure.

The ASPPB Board of Directors has now adopted the position that once Part 2 is developed and validated, the EPPP will be one exam with two parts, namely, the EPPP Part 1, the assessment of required professional knowledge, and the EPPP Part 2, the assessment of required professional skills. The Board of Directors has asked me to formally notify all our member boards about this important change since it may require laws or regulations action for our member jurisdictions. I will also be informing other relevant stakeholder groups so that future candidates and the psychology education and training community will be aware of this decision.

I would like to invite each member jurisdiction to participate in a webinar to discuss the implementation of the EPPP, Parts 1 and 2, with members of the EPPP Part 2 Implementation Task Force and myself. This webinar will be offered on two dates over the next two months. The purpose of these webinars is to provide an opportunity for member jurisdictions to ask questions about the rationale for this change in implementation strategy and to discuss implications for jurisdictions resulting from this change. In advance of these webinars, the Implementation Task Force has prepared the following summary points that describe the new plan for implementing the enhanced EPPP.

1. The EPPP will be one exam with two parts. The current EPPP (Part 1) is the knowledge portion, and the EPPP Part 2 (now under development) will be the skills portion.

Given the above, both parts of the EPPP will be the licensing exam for psychologists in the U.S. and Canada. We view this as a necessary enhancement to the EPPP as it currently exists, and believe this change will give jurisdictions a standardized way to more fully assess the competencies (knowledge and skills) needed for practice at the entry-level. Again, given feedback from our member jurisdictions and from legal counsel, we anticipate that viewing the exam in this way will require fewer changes to existing laws and/or regulations and **will not** require any changes to our existing jurisdictional contracts. Also, having all jurisdictions adopt both essential parts of the enhanced EPPP at the same time will minimize mobility problems across jurisdictions, and will help jurisdictions defend challenges from failing candidates who claim they were not given the identical exam as candidates in other jurisdictions.

2. The cost for the EPPP will be \$1200 (plus test site fees).

The \$600 fee for each part of the exam will be paid when candidates schedule to take that part of the exam. Since this represents an increase in the fee for the EPPP, we will delay the launch date of the Part 2 for a year from the originally announced date of January 2019. This delay will give all member jurisdictions the two-year notice that ASPPB policy requires for any exam fee increase. Thus, we currently expect the Part 2 to be launched on January 1, 2020.

3. As of January 1, 2020, all jurisdictions will use both parts of the enhanced EPPP. The EPPP Part 2, however, should not be required for any psychologist who was licensed prior to January 1, 2020.

4. The EPPP Part 2 should be taken post degree, once applicants have been accepted as candidates for licensure in a jurisdiction, and have passed the EPPP Part 1. Since the Part 2 is a test of skills, ASPPB recommends that candidates complete all required supervised experience prior to taking the EPPP Part 2.

5. Once the EPPP Part 2 is launched (January 1, 2020), ASPPB will make the EPPP Part 1 available to be taken prior to degree, once all academic coursework, excluding practicum, research, or internship credits, has been completed for the degree for which a candidate wants to be licensed.

Based on conversations with our member jurisdictions, there seemed to be clear support for allowing the EPPP Part 1 to be offered earlier, once the Part 2 is in place. That would allow the EPPP Part 1 to be taken prior to degree. We are working on the details, but ASPPB will register students/trainees who want to take the Part 1 while finishing their degrees. Jurisdictions will continue to register candidates for the EPPP Part 1 who take it post degree (i.e., international students or others). **Jurisdictions will register individuals for the Part 2 once they are candidates for licensure, just as they do now for the current EPPP.**

During the beta testing phase of test development, the Implementation Task Force will be looking at information from psychologists who were required to obtain post-doctoral experience in order to be licensed as compared to licensed psychologists who did not get post-doctoral experience prior to licensure. We believe the data we get from that comparison of post-doc and no post-doc beta testers will provide valuable information to our member jurisdictions about whether or not a post-doctoral year of supervised experience should be required for licensure.

ASPPB will be offering two webinars for our member boards only that will provide a chance to discuss this new plan for implementation of the enhanced EPPP. These hour-long webinars will be held:

Thursday, November 2nd at 1:00 PM EST
Thursday, December 7th at 12:00 PM EST

Please see the attached for registration information.

As you all know, the enhanced, two-part EPPP represents a significant step forward in psychology licensure, and we will continue to proceed in a thoughtful and purposeful manner. We hope that you will join us on one of the webinars listed above. Additionally, if your Board or College would like to discuss these issues and the new implementation plan beyond these webinars, please let us know. We are happy to schedule more opportunities to discuss this important change with you.

The ASPPB Board of Directors and the EPPP Part 2 Implementation Task Force want to thank you for providing us with your feedback during the ongoing development phase of the enhanced EPPP. We realize this change presents significant challenges for our member jurisdictions and for all applicants for licensure starting in 2020. We firmly believe this enhancement of the EPPP offers an essential improvement to the integrity of the examination of minimal competence to practice psychology. Further, the potential for making Part 1 of the EPPP available to candidates prior to receipt of

the degree, and possible elimination of the requirement of a post-doctoral year of supervised experience based on demonstration of essential skills on Part 2, offers future candidates a more streamlined and consistent pathway to psychology licensure over the current system in many jurisdictions.

Thanks again for your continued support, and please plan to join us for the webinars. Also, feel free to reach out for more information if that would be helpful to your jurisdiction.

Best wishes,

Stephen T. DeMers, EdD
CEO, ASPPB

Robin

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[http://listserv.asppb.org/scripts/wa.exe?TICKET=NzM2NjUzIHByb2ZsaWNAUIVTSE1PUkUuQ09NIEFTUFBCIA0i8BvRNAHy
&c=SIGNOFF](http://listserv.asppb.org/scripts/wa.exe?TICKET=NzM2NjUzIHByb2ZsaWNAUIVTSE1PUkUuQ09NIEFTUFBCIA0i8BvRNAHy&c=SIGNOFF)

Jill Lesselyoung

From: ASPPB BARC <ASPPB-ADMINS@LISTSERV.ASPPB.ORG> on behalf of Kathleen Doyle <Kathleen.Doyle@NYSED.GOV>
Sent: Thursday, May 10, 2018 9:19 AM
To: ASPPB-ADMINS@LISTSERV.ASPPB.ORG
Subject: Re: Question from NY

I appreciate Darrel's work in providing his opinion on the interpretation of Alabama's law in response to the question of the Board's thought. Hopefully, (as his wife suggests) others will express some considerations, as well. But what stands out to me in his response is his comment, "While I certainly don't profess to understand (even in the slightest degree) the science behind creating valid defensible tests, and I frankly wish the Part 2 were voluntary to address some of my sister states' concerns, the lawyer in me cannot say with any measure of probability that ASPPB has exceeded the scope of its authority as set forth in the AI or bylaws.

As he has noted, we have also heard the comments of several states (no provinces) that they would want the Part 2 to remain a voluntary examination to be used if they wish. How many "sister states" are there among the full membership?

When responding to this message on our List Serve, I would ask if you would also respond to the following questions:

1. Our Board prefers that the Part 2 examination be a voluntary examination.
2. Our Board wants the Part 2 to be integrated into Part 1 and offered as one examination.
3. Our Board wants to work with ASPPB to make the Part 2 examination voluntary, or may not be able to use the EPPP. (

To begin, the NYS response to 1. Is "Yes"; 2. Is "No"; and 3. Is "Yes."

In answering 3., the Department would want to continue the "single source" Part 1 examination. Supporting that thought, the NYS Psychological Association, Inc. voted independently (the professional associations in NYS are considered lobbying groups for their professions and are not represented on the Boards) not to use the integrated examination (Parts 1 and 2), but to ask the Department and Board to try to work with ASPPB to use only Part 1 as the state's examination.

Kathleen

From: ASPPB BARC <ASPPB-ADMINS@LISTSERV.ASPPB.ORG> **On Behalf Of** Darrel Spinks
Sent: Wednesday, May 09, 2018 4:37 PM
To: ASPPB-ADMINS@LISTSERV.ASPPB.ORG
Subject: Re: Question from NY

Having now had the chance to review the Articles of Incorporation (AI) and Bylaws, as well as do some research into Alabama (the state of ASPPB's incorporation) law on this topic, I personally do not feel that ASPPB has violated its charter by mandating the member jurisdictions use the EPPP Part 2. While I certainly don't profess to understand (even in the slightest degree) the science behind creating valid defensible tests, and I frankly wish the Part 2 were voluntary to address some of my sister states' concerns, the lawyer in me cannot say with any measure of probability that ASPPB has exceeded the scope of its authority as set forth in the AI or bylaws.

Admittedly, the *Purpose and Objectives* section of the AI does not mention the ability to develop or offer examinations, and the bylaws, while they do confer such authority, are (or should be) constrained by the language of the AI. Along this same line, the bylaws, while using language such as "develop, maintain, and offer examination programs...and/or competency assessment," do not use terms such as *require* or *mandate*, which I am assuming is the point to be made in

the listserve query. Having said all of that, Alabama happens to have a rather interesting statute and state supreme court case that are surprisingly responsive to this particular issue.

First, when you look at Section 10A-3-2.44 of the Alabama Business and Non-profit Entities Code (see attached), you will find a statute that says "No act of a nonprofit corporation and no conveyance or transfer of real or personal property to or by a nonprofit corporation shall be invalid by reason of the fact that the corporation was without capacity or power to do an act or to make or receive a conveyance or transfer..." That same section goes on to list how acts done without corporate capacity or power can be challenged, which is pretty much limited to bringing a lawsuit by a member or director. Now I mention this not to suggest or imply litigation is the answer - because it's not, but when I read that particular statute, it seems to create a re-buttable presumption that the actions taken by a non-profit are a valid exercise of its power. Additionally, the Alabama Supreme Court weighed-in on a closely related issue involving corporate authority in the case of *Alabama State Florists Ass'n v. Lee County Hosp. Bd.*, 479 So. 2d 720. I have attached the case for everyone's review so I won't bore you with the facts, but the general take-away from the case is, activities that are substantially related to a corporation's purposes do not fall outside that corporation's scope of authority despite no express supporting language in the foundational documents. When I read the statute and the *Alabama State Florists Ass'n* case, I think an individual would be hard pressed to say that the development and inclusion of a competency exam in the EPPP somehow exceeds the *Purpose and Objectives* section of the AI and the bylaws.

Additionally and without meaning to impugn the position or motive of anyone, I have some serious concerns about the logical extension of any argument challenging ASPPB's authority to mandate the EPPP Part 2. If such an argument is well founded, then what authority - at least under the AI - does the organization have to develop and offer the EPPP in any version or format? If the AI does not authorize the development or implementation of Part 2, then I think the EPPP itself is subject to challenge as being beyond the purpose and objective of ASPPB. I feel confident in saying that is something none of us want to see happen.

Now I'm certainly no expert when it comes to Alabama corporate law, so it won't hurt my feelings one bit if someone points out a piece of controlling law that I have missed when providing this response, or if you simply have a different take on the law...I've been wrong before, and my wife constantly reminds me that I will be wrong again in the future. Additionally, I fully recognize that there are various other factors and perspectives beyond the "scope of authority" issue being discussed here that drive a jurisdiction's position on this issue, and it was not my intent for this response to be a comprehensive discussion or analysis of those factors/perspectives. This response merely reflects my thoughts on the issue regarding ASPPB's scope of authority under its governing documents - nothing more.

Darrel

Executive Director
Texas State Board of Examiners of Psychologists
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512-305-7700 office
512-305-7701 fax

On Thu, May 3, 2018 at 2:28 PM, Stacey Camp <scamp@asppb.org> wrote:

Please see the following question from Kathleen M. Doyle, Ph.D., Executive Secretary, New York State Board for Psychology:

I am asking our list serve members to provide their thoughts regarding their perception of the extent to which ASPPB may require the Boards, which are the bodies established by statute to serve the public by regulating psychology in their jurisdictions, to adopt a product produced by ASPPB or to change statutes and regulations to use such a product when the sole purpose for which ASPPB is formed in the articles of incorporation is for the purposes of facilitating communication among Member Boards concerning the certification and licensing of psychologists and to sponsor collaboration among Member Boards in developing compatible standards and cooperative procedures for the certification and licensing of psychologist." Within our state, no corporation may offer services or activities that exceeds their legal authority specified in their purposes. This extends to the development of Bylaws.

Kathleen

Kathleen M. Doyle, Ph.D.

Executive Secretary

State Board for Applied Behavior Analysis

State Board for Clinical Laboratory Technology

State Board for Massage Therapy

State Board for Psychology

Psychoanalytic/Psychotherapy Review Unit

Webpages for the Professions: www.op.nysed.gov

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To: SD Board of Examiners of Psychologists
 From: Mark Perrenoud, PhD
 RE: Proposed CPD Revisions
 Date: 1-6-2018

**PROPOSED REVISIONS IN CONTINUING EDUCATION REQUIREMENTS
 FOR PSYCHOLOGISTS IN SOUTH DAKOTA**
 (January 6, 2018)

In June 2017, I met with the South Dakota Board of Examiners of Psychologists to propose an update of continuing-education requirements to maintain licensure as a psychologist in South Dakota. I was charged with reviewing the research as to whether we know if mandated continuing education increases professional competence in psychologists. I want to recognize Dr. Barb Yutrzenka for her review of the earlier draft of this document. I have incorporated her recommendations into this version.

In my search I found that the Association of State and Provincial Psychology Boards (ASPPB) has done the work for us. This is published in the ASPPB Guidelines for Continuing Professional Development (June 2012, Revised August 2014). <http://www.asppb.net/psychologists/guidelines>. The task force that produced the Guidelines consists of five psychologists representing four states and Ontario, Canada, as well as a member from the ASPPB. This document draws nearly exclusively from these guidelines. Additionally, ASPPB, as well as the American Psychological Association, have model acts for licensure that suggest statutory language regarding the practice of psychology, should the Board want to take the opportunity to review that as well.

Consumers assume that professional regulatory organizations are ensuring that licensees maintain their competence to practice. The licensure board has a mandate to consumers to assure the public that licensees are competent to practice.

Implementing a program of mandatory minimal CPD will help create consistency in professional standards across jurisdictions (states and provinces). Additionally, the Board could educate licensees about developing a Continuing Professional Development Plan that encourages CPD activities that are thoughtful and self-reflective.

Terminology:

Continuing Education: It is recommended that the terms continuing education be replaced with "Continuing Professional Development" (CPD). This is a broader concept, "referring to the continuing development of the multi-faceted competencies needed for professional quality performance in one's area of practice." This allows a broader range of educational experiences. The content of CPD should be based on evidence-based practice. (Empirically based practice would be a, perhaps unreasonably, higher standard.)

Health-Service Provider: In some jurisdictions this term seems to be used as an equivalent to licensed psychologist. I would recommend using the term health service provider in addition to psychologist so that these terms are basically equivalent, but we transition to using health service provider for counseling and clinical psychology providers. Effective, January 1, 2017, this is the APA approved term

to accredit programs that prepare clinicians. APA accreditation is now considered only for those programs preparing health service providers.

<http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

Competence: Integrated use of knowledge, skills, attitudes, and values that are necessary to ensure the protection of the public and the professional practice of psychology. Competency ensures that a psychologist is capable of practicing the profession safely and effectively. (Rodol, F.A., et. al., 2005). The ASPPB "Supervision Guidelines..." also provides definitions of delegated supervision and in-person, remote, and telepsychology supervision.

Continuing Education Unit:

The ASPPB model does not define an hour or unit of CPD. I propose that an hour is defined as 50 to 60 minutes of continual instruction or learning.

Areas of Competence: Surveys of psychologists reflect identified areas of competency as a psychologist to include:

- Scientific Knowledge
- Evidence-Based Decision Making/Critical Reasoning
- Interpersonal and Multicultural Competence
- Professionalism/Ethics
- Assessment
- Intervention/Supervision/Consultation
- Interprofessional Collaborative Practice

Business of practice could also be a continuing education category

ASPPB also published "Competencies Expected of Psychologists at the Point of Licensure." The model contains the following very similar competency domains:

- Scientific orientation
- Assessment and intervention
- Relational competence
- Professionalism
- Ethical practice
- Collaboration, consultation, and supervision

To help narrow and determine the type of CPD that is most appropriate, they recommend psychologists identify at initial licensure and at each renewal period their appropriate area(s) of psychological practice from a list of:

- Clinical psychology
- Counseling psychology
- School psychology)
- Forensic psychology
- Behavioral and cognitive psychology
- Clinical health psychology
- Child psychology

- Family psychology
- Industrial/organizational psychology
- Clinical neuropsychology
- Professional geropsychology
- Psychoanalytic psychology
- Other (specify)
-

(Dr. Yutrzenka's recommendation is that we use only those that are accredited health service providers - Clinical, Counseling and School Psychology – the other areas could be subspecialties. Behavioral and cognitive might be redundant with but applied behavioral analysis. We should use clinical child psychology, family psychology could be marital (relationship) and family therapy geropsychology should be presumed to be professional, use psychoanalytic psychotherapy)

Psychologists could also further identify the type of clients they intend to provide services to and the type of services they will provide.

The Board could provide a declaration of psychological practice, allowing the psychologist to declare the activities and services they intend to provide and the CPD they participated in, as well as a CPD verification form.

Credits:

The most common renewal period is two years. The most common minimum requirement is forty (40) credits of CPD every two years. Presumably, South Dakota would continue to require annual renewal and therefore expect twenty (20) credits of CPD in that year. Would it be logistically cumbersome if the CPD period is every two years?

Mandated Credit Areas:

A common requirement is three credits in ethics, risk assessment, and/or jurisdictional rules and regulations for each two- year renewal period.

- Credits be obtained through activities of a formal evaluation component, e.g. sponsor-approved CE workshops, academic courses, or board certification.
- Child abuse and suicide prevention are also mandated topics in some states.
- Dr. Yutrzenka recommends mandated ethnic/cultural diversity training (disability, age, gender/sexual orientation, military/vets, etc.

Mode of Delivery:

Flexibility is key. There is no evidence that in-person CPD is more beneficial, or that a particular amount of electronically mediated CPD is problematic. The task force put no limits on the number of credits that can be earned by electronically mediated CPD.

CPD Activities:

At least fifty percent of the required credit comes from activities with a formal evaluation component and independent verification—that is, academic courses, approved-sponsor continuing education, and American Board of Professional Psychology (APBB) certification. These include:

- Professional—ongoing peer consultation, practice outcome monitoring, professional activities, conferences/conventions
- Academic—courses, instruction, publications
- Continuing education—approved-sponsor continuing-education and self-directed learning
- Board certification

British Columbia breaks continuing education into four categories: direct participatory/ formal programs; self-study; structured interactive activities; and ethics. They note that, “The registrant must be able to articulate what he or she learned from the activity that is relevant to their practice of psychology.” There are minimum hours in each of the four areas. They encourage interacting with other health professionals. They also allow the banking of continuing competency hours to apply to subsequent years.

For example, Pennsylvania requires three continuing-education units every two years. However, they define a continuing-education unit as ten contact hours. A contact hour is fifty to sixty minutes participation. Half of the hours are face-to-face and half online. The State reserves the right to reject a continuing-education course/program submitted by a psychologist if it is outside the scope of the practice of psychology or otherwise unacceptable. They also list approved sponsors, including:

- Accredited colleges and universities
- APA-approved sponsors
- Sponsors approved by the American Medical Association - APA PRA Category 1 credits – and SD Medical Association)
- With approval, national regional professional associations which offer courses and programs for psychologists.

The sponsor must offer courses with specific learning objectives and have a procedure for determining the consumer’s perceptions of the extent to which the objectives have been met (home study, instruction, a workshop for an approved sponsor, professional writing is limited).

California requires a minimum of 25 percent of hours are “live.” They also list exemptions from CE requirements (physical or mental disability, active military service).

North Carolina specifies that continuing-education hours will not be allowed for: business or professional committee meetings or presentations, research or teaching presentations and publication, personal psychotherapy, or personal growth experience.

Nebraska uses the term “continuing competency,” 24 hours in 24 months, one semester hour graduate class = 15 hours of continuing competency, and gives credit for authoring articles, including training from NASW, NCA, NAMFT. The board may select in a random manner to audit.

States appear to require that records be kept for a period of from four to seven years.

Compliance and Enforcement:

Licensees should retain copies of accepted documentation of CPD, including proof of attendance, for at least two licensing cycles.

Attestation:

The licensee should be required to sign an attestation of completion of the mandated CPD on the licensure-renewal form (warned of perjury or disciplinary actions for falsely signing the renewal statement).

Audit:

Five to ten percent of licensees be audited each renewal cycle.

Sanctions:

If failure of CPD audit:

- Appeal: Licensee be given thirty (30) days to appeal a decision made as a result of the audit.

Exceptions:

CPD would not be first required until the first full year and subsequent years of licensure.

Apply CPD to Multiple Licenses:

CPD credits earned in one jurisdiction should be allowed to transfer or be applied to other jurisdictions.

Miscellaneous:

The Board can give guidance on effective CPD.

The Board could develop an online tracking system for CPD activities for both the psychologist's and Board's use.

The Board could also provide references to materials related to supervision competencies to facilitate improved post doctorate supervision for licensure.

The Board may also want to consider whether there is any need for recognizing masters' degree level of licensure. (Many of those that are currently grandfathered in have or are near retirement from practice).

Summary of Research Related to CPD cited in ASPPB Guidelines:

The guidelines themselves are recognized as not being evidence-based, noting that the evidence for what actually works in CPD is not robust.

Systematically monitoring one's own practice has also been demonstrated to improve client/patient outcomes.

In self-assessment, there has been conflicting evidence regarding its value. One concern is that people might not have the knowledge and expertise necessary to assess their competence adequately.

ASPPB guidelines for CPD describes that in self-assessment there is a key assumption that a professional accurately determines what knowledge and skills he or she needs. They summarize that research suggests that there are weaknesses in relying on self-assessment to determine professional development needs, particularly, "Those who are objectively less competent overestimate their competence, especially those individuals whose competence falls in the bottom quartile."

It is also difficult to measure the outcomes from CPD.

Less than one-third of practitioners systematically assess their own treatment/intervention outcomes to evaluate the quality of their work.

Professionals are inaccurate when assessing what they need in the way of education and training to help them continue to practice competently.

Self-assessment as a determinant of CPD needs is quite fallible. There is no objective evidence that providers are making the choices that would most enhance their competencies.

We do not know if there is an association between continuing education and the prevention of disciplinary actions. It has been suggested that professional isolation can be a barrier to maintaining one's competence. Individuals who practice in isolation from others may be less aware of the current practice standards.

Training appears to promote the rapid acquisition of a skill and self-confidence, but does not necessarily promote the retention of skill.

Graesser (2010) notes that, "In selecting CPD activities, practitioners tend to avoid areas that are difficult for them and choose to focus on what they already know."

Other Research:

Ferguson (2015) reports that, "Psychology's status as a science is clearly not accepted as a given, either among policymakers, the general public, or other scientists." (p. 527). He believes the general public remains wary of psychology as a field.

Neimeyer is a primary researcher in the area of mandated continuing education. He found that when the State of Illinois implemented mandated continuing education, this was associated with higher levels of participation in formal continuing education but not in informal forms of professional development. In this article, he cites research where it has been estimated that 25 to 30 percent of all licensed psychologists would, given the chance, join the ranks of what is referred to as "CE laggards" who would participate only minimally, if at all, in sustained efforts to maintain their professional competencies.

Reservations regarding CE mandates include costs, regulatory administration, and inconvenience, and may exclude the self-directed process of learning that has long been a hallmark of continuing professional development in the field of psychology. The outcomes of continuing education are unclear.

Neimeyer concluded that, "It is clear that a substantial minority of psychologists would not otherwise participate in documented efforts to maintain competence and enhance service delivery." (p.108) "It is clear that mandates substantially increase participation in credible CE activity." (p. 1098) Additionally, "However, there is no convincing evidence that higher levels of CE participation are linked to higher levels of professional competence or to lower levels of disciplinary actions." (p. 109)

On November 16, 2017, an article in the Rapid City Journal reported that the SD Legislature's Rules Review Committee received a complaint by the Board of Medical Examiners that failing to receive mandatory continuing education as a physical therapist is automatically unprofessional conduct. The Board did not agree with this absolute presumption, however.

Former Board member Barbara Yutrzenka noted that several years ago the Board found no evidence to suggest it made a difference that psychologists received a year of post doctorate supervision. She believes clear guidelines should be outlined in our regulations. Online submissions of renewals may save Board staff time.

Neimeyer, et al., conducted an online survey of licensed psychologists and reported the findings over several studies reported from 2009-2012. They noted that "Overall, nonmandated psychologists reported completing one-third fewer CE credits per year and were less supportive of CE mandates as well. In states where CE is mandated, 62 percent, and in states where CE was not mandated, 76 percent, completed twenty or fewer CE credits in a year." Onsite was the most common context, and online programs the second. Home study and teleconferences are also used for accruing CE credits. Respondents perceived their CE experience as quite favorable. Psychologists with mandated CE reported completing a significantly greater total number of CE credits per year, with an average of 23.55 hours. Nonmandated psychologists completed one-third fewer credits. He concluded that, "It is now clear that the majority of psychologists favor mandated CE for licensure renewal. Twenty-five to 30 percent of psychologists would likely not participate in CE in the absence of CE mandates." (2010, p. 439)

They found that respondents participated in a range of CE activities, with considerable variation in both the extent and nature of those activities. Activities such as self-directed learning, peer consultation, and formal continuing education were perceived as contributing highly to ongoing professional competence. Serving on professional boards, conducting client assessments, and taking graduate courses were perceived as contributing relatively little (2012). They argued for an evidence-based approach to CPD. In another survey, they found that, "Although CE mandates were being clearly enforced, neither the presence of mandates nor the number of CE credits that were mandated were associated with disciplinary action rates (2013). They found that a substantial percentage of psychologists, even within nonmandatory states for ethics CE, are likely to have completed one or more CE programs on ethics over the course of their licensing cycle.

Mandated psychologists completed significantly more CE credits than nonmandated psychologists and were stronger supporters of CE mandates (2009). They identified a range of concerns regarding CE mandates. There are already ethical mandates to remain current in the field, and legal mandates may add an unnecessary burden without necessarily translating into higher levels of CE participation or greater professional competencies. (The literature does not support this reasoning.) Secondly, CE mandates might result in uninterested or disengaged attendees who only participate as a consequence of the mandate, without accruing the benefit of learning. However, limited research does not support this. Mandated formal CE credits do not represent the only, and perhaps not even the primary,

mechanism for ensuring ongoing professional development. Reading professional journals, consulting with colleagues, attending conferences, or obtaining supervision may be significant opportunities for professional growth and development. They found that psychologists reported fairly high levels of satisfaction with their formal CE experiences. Psychologists preferred to provide satisfaction ratings more so than skills assessment to measure the outcomes associated with CE experiences. Many psychologists exceed their CE mandates, whether they are in a state that has mandated CE or not. It was noted that, "Stronger measures of educational professional outcomes are strikingly absent in the CE literature."

Our own Barbara Yutrzenka and Lindsay Thompson (2007) reviewed the continuing professional education activities (CPE) of 160 South Dakota licensed psychologists. They found that psychologists spend an average of 30.73 hours in continuing professional education activities and participate in an average of 2.95 different CPE activities, regardless of their terminal degree. There were ten broad CPE activity (86 percent), and directed formats consisted of 15 percent of the CPE activities delivered. One significant difference found was that psychologists who were licensed more than fifteen years reportedly significantly more CPE activities than those who had been licensed one to five years. In the discussion, it was noted that although South Dakota law does not specify a minimum amount of time required for CPE activities annually, South Dakota psychologists are on the high end of the national average. One-third of the sample reported fewer than 20 CPE hours.

References:

ASPPB Guidelines for Continuing Professional Development (Revised August 2014).

2017 ASPPB Competencies Expected of Psychologists at the Point of Licensure.

Ferguson, C.J. (2015). Everybody Knows Psychology Is Not a Real Science: Public perceptions of psychology and how we can improve our relationship with policymakers, the scientific community, and the general public. American Psychologist, 70, 527-542.

Neimeyer, G.J., Taylor, J.M., et al. (2013). Do Mandates Matter? The Impact of Continuing Education Mandates on Participation in Continuing Professional Development Activities. Professional Psychology: Research and Practice. 44, 2, 115-111.

Board Decisions to Consider (and recommendations):

- To revise CE requirements or not, and to what degree to put parameters on this?
- To make other revisions at this time as well. E.g. year of post doctorate supervision.
- Renewal period one or two years? Continuing education renewal period one or two years?
- Minimum number of continuing education hours to require (20).
- To require ethics education (possible also diversity, suicide and child abuse) and minimal hours (1 to 3 Ethics hours over the minimum can be applied to other hours.)

Sources of continuing education.

Recordkeeping and reporting of hours. Keep records for 5 years if annual renewal.

Auditing of CPD: Five (5) percent of all psychologists a year, can't be audited more than once every five years in the first year of licensure.

Sanctions and appeal.

Terminology:

- Continuing Professional Development
- Continuing Education Unit: 50-60 minutes in seat time, or what is determined by CPD provider.
- Health-Service Provider

Have psychologists declare specialty area(s) and CPD is expected to be consistent with this.

Listing of accepted CPD activities and credit value. (Guidelines Table 1) Accepted Sponsorship (Guidelines Table 2)

Whether exam hours can be applied to another year. Nebraska does not allow this. (Should be able to do so for flexibility – put cap on number of hours one can apply to next year.)

Courses must identify learning objectives and relevance to psychology practice.

Need to identify outcome of CPD activity

State reserves the right to reject an activity as unacceptable (e.g. PA)

Exemption from CPD requirement (e.g. CA)

List unacceptable CPD (e.g. NC)

SOUTH DAKOTA PSYCHOLOGISTS COMMENTS ON PROPOSED CPD CHANGES

SDPA members were provided with the proposed CPD revisions and were surveyed regarding their reactions. This was not a random survey, but comments were sent to the SDPA executive director and sent anonymously to me. There was a total of 35 respondents. This is a summary of the variety of responses. The full survey responses can be provided on request.

The goal of the CPD model is to largely be self-monitored by the psychologist. The psychologist determines the subject matter and mode of training and one could be audited. Does this sound reasonable?

YES 97%

2 of 3 written responses

I would prefer that all CPD be verified for each psychologist. I.E. Certificates of completion of CPD credits would be included with other info provided at relicensure. Seems inequitable to select 5-10% sample to look more carefully at than the rest, and not a good way to determine if policies are being followed.

Quality control in the current CPD industry is poor. Requirements for accreditation are too easily fulfilled. Accrediting agencies do not thoroughly vet curricula. Many workshops have no a formal evaluation component. I see no justification for compelling psychologists to consistently pay inflated fees for this product. Self-study is a very effective mechanism for professional development.

20 hours of required training the national average. It is higher than what is required now but less than what most psychologists obtain in a year. Does this seem like a reasonable requirement to you?

YES 83%

Twenty is a nice round number and would motivate us to think about CPD more. Since most one-day seminars provide eight hours, maybe sixteen would be a reasonable number.

We are also a very low-income state. Formal CE credits are expensive. That is doubly true for retired and part time psychologists. The CE credits would equal more than my annual income in the field.

Mandated hours are only a compliance hoop, having very little to do with actual learning and the application of new learning.

This model tries to minimize any additional responsibility to the Board of Examiners. However, if the fee for licensure increases due to the expense of random audits (asking the psychologist to submit proof of the CPD activity and review those materials), would that be acceptable?

YES 50%

All written responses

The yearly renewal fee already seems high compared to other states. I would suggest that the Board could determine the frequency of random audits so as not to add additional work to Board members, but psychologists could understand these could be asked by the Board at any time.

Again, I don't think random audits is a good idea. Every psychologist should have the same level of responsibility. Those who are randomly audited shouldn't carry the responsibility for the rest.

I suggest a process of verification yearly and would think written certification by the provider of the CPD is the best criteria. Seems like this could be accomplished by an administrator for the Board of Examiners, and I would be willing to pay whatever additional cost that generates for renewal of license.

This just compounds the point I made in question two. For retired and part-time psychologists, it just makes it all the harder to stay active in the profession.

We already pay extremely high licensing fees.

What do you think of there being guidelines for training?

Comments only – 35

Most are favorable to this. Some were not sure what was meant by this question.

This seems reasonable based on national standards.

Most people know what they focus on in their practice, and should determine for themselves the nature of the CPD, as long as it falls within standards, i.e. certified by APA as appropriate CPD for psychologists. Good idea.

Guidelines can vary depending if it is a self-study or a conference participation or a seminar. So, it may be difficult to use a standard across the various modes that one can obtain continuing education credits

I think it would provide more structure and better consistency in what can be expected of a licensed psychologist in the state.

The guidelines seem too specific. In person requirement seems to be too much given the lack of available training in this geographic area. It seems self-serving given CE training given by SDPA

None presently; you can always revisit it at a later time. Consider the guidelines set forth by social workers.

Training in ethics will be the only required training area. Does that seem reasonable?

Yes – 85%

Yes, with a caveat. I don't know that psychologists need to spend their CPD training time and money yearly on ethics programs. Ethics is not something that should change a lot on a yearly basis. There may not be that many ethics programs available to take something of good quality on a yearly basis. I would suggest some ethics credits every five years.

Include mandatory reporter training

Not every year. The one to three-hour level requirement per year will probably translate to 4 to 8 hours in reality. In effect, the 20-hour yearly requirement would then become 24 to 28 hours.

Requirements should be defined broadly such as ethics, cultural sensitivity, suicide

This seems excessive. There are many interesting and valuable training opportunities. I would hate to miss out on them because I am required to take the same training over ethics each year. Maybe, every 3-5 years.

Should be more broad or not specified at all.

What other recommendations do you have for the Board of Examiners regarding Continuing Professional Development?

Do not be seduced by the mandated hours and the idea that the licensing board monitoring will translate into better trained and ethical psychologists.

The board has limited resources. Let's be respectful of that. Can sdpa verify member psychologist's CE training and send in a letter of verification for members to the board? This would reduce the clerical load for the board possibly.

Since we turn in our documented continuing ed now, auditing 10% of licensees should not be that time-consuming or difficult. I don't agree with suggesting licensees declare competence areas - too much tracking and this can change with additional training, etc. As is stated in the ethics code, licensees must make appropriate judgments of their own competencies.

I would not change it. However, if a change occurs, I would not burden well established psychologists, with no ethics violations, with a 20-hour requirement.

South Dakota is not like the national average. While I appreciate the attempt to bring up our profession by being able to say our psychologists complete an average number of CEUs / CPDs, it is the quality not the 50% in person or required ethics training (that isn't really ethics but rather diversity), so I ask you to reconsider the ways in which SD psychologists are required to attain these hours. I also ask that the board considered reducing the 20 hours; again, given the fact my agency will not pay for my time off or sometimes for me to attend a quality conference that means something, so the burden falls on the psychologist.

I believe the Board should solicit feedback from rank and file psychologist without the filter of SDPA. SDPA has done little if anything to promote and protecting the qualifications of Psychologist as the standard of care within MH. We are losing the battle and are becoming irrelevant as MSW and other less qualified individuals are now the

affordable alternative pushed by insurance. This change will do nothing to improve our position within MH.

Given the difficulty for a psychologist to practice independently within the state and much of the therapy taking place by other groups other than psychologist an emphasis on licensure (education) should be considered first.

It is long overdue. This has been encouraged in the past and rejected by the Board. It's time.

Nationally there has been discussion about licensing Masters' Level Psychologists. What do you think of offering that level of licensure in SD?

This issue is not very related to this CPD discussion but is being discussed in the APA Council of Representatives – I was curious about what others might think of this. There were 36 comments made, so some respondents may have made more than one comment.

78% Were opposed to this

Only 5 (14%) comments were in favor of this.

This would be acceptable as long as there is a clear distinction between the masters and PhD level classifications, and meaningful limits of practice where indicated by research.

This certainly seems to be the trend in medicine and has enhanced delivery of services to underserved populations. I believe the licensure of Masters level practitioners under the umbrella of psychology would increase the supply and quality of psychological services to people in South Dakota. However, I would advocate that like Masters level practitioners within medicine, the scope of their practice be limited, that consideration be given to mandatory supervision requirements by a doctoral level licensed psychologist, and that they be designated as something other than a "psychologist".

3 comments were neutral

It will depend if the degree and coursework will include an APA accredited internship.

Should be discussed as whether there is a need for this in SD and whether this would include school psychologists. Psychologists are "threatened" by other master's level providers of which there are more, and they provide services at a lower rate.

I think there should be a CLEAR distinction between providers - the public has a right to know what level of training their provider has. So "Masters level training therapist" or something along

those lines is fine. I think the Ph.D. or Psy.D. is the "psychologist", and should be labeled as such - not people with MS or MSW or LPC. Too confusing for the lay person. ONLY those with Ph.D. or Psy.D's should be able to market themselves as "psychologists."

End of 5 pages

PSYPACT Advancing the Interjurisdictional Practice of Psychology

Created by the Association of State and Provincial Psychology Boards (ASPPB), the Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that facilitates the practice of psychology using telecommunications technologies (telepsychology) and/or temporary in-person, face-to-face psychological practice.

About PSYPACT

PSYPACT is a cooperative agreement enacted into law by participating states

Addresses increased demand to provide/receive psychological services via electronic means (telepsychology)

Authorizes both telepsychology and temporary in-person, face-to-face practice of psychology across state lines in PSYPACT states

PSYPACT states have the ability to regulate telepsychology and temporary in-person, face-to-face practice



How PSYPACT Works

PSYPACT becomes operational when seven states enact PSYPACT into law



Psychologists who wish to practice under PSYPACT obtain:






E.Passport Certificate for telepsychology

Interjurisdictional Practice Certificate (IPC) for temporary in-person, face-to-face practice






PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions

Benefits of PSYPACT

-  Increases client/patient access to care
-  Facilitates continuity of care when client/patient relocates, travels, etc.
-  Certifies that psychologists have met acceptable standards of practice
-  Promotes cooperation between PSYPACT states in the areas of licensure and regulation
-  Offers a higher degree of consumer protection across state lines

How PSYPACT Impacts Psychologists

-  Allows licensed psychologists to practice telepsychology and/or conduct temporary in-person, face-to-face practice across state lines without having to become licensed in additional PSYPACT states
-  Permits psychologists to provide services to populations currently underserved or geographically isolated
-  Standardizes time allowances for temporary practice regulations in PSYPACT states

EMAIL: info@psypact.org

WEBSITE: www.psypact.org

SOCIAL:  @PSYPACT

ASPPB MOBILITY PROGRAM IPC OVERVIEW

Interjurisdictional Practice Certificate (IPC) Info

The IPC promotes standardization in criteria for short-term practice and interjurisdictional mobility by facilitating the process for licensed psychologists to provide short-term psychological services across jurisdictional lines without obtaining an additional license. The IPC also provides more consistent regulation of interjurisdictional practice and allows consumers of psychological services to benefit from regulated interjurisdictional practice. The IPC allows psychologists to provide temporary psychological services in jurisdictions that accept the IPC for at least 30 work days per year without obtaining full licensure in that jurisdiction with proper notification.

Applying for the IPC

Application for the IPC can be made through the ASPPB Mobility Program. Eligibility requirements can be found on Page 2. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and certificate requirements.

Renewing the IPC

- Renew annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction.
- Failure to renew by the renewal deadline will cause the certificate to expire. The certificate holder may not practice under the certificate while it is expired.

Using the IPC*

- Provide attestations in regard to areas of intended practice and work experience
- Comply with all applicable statutory, regulatory, and ethical requirements
- Report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate
- Present certificate status as reflecting the practitioner's basic qualifications and as an additional qualification or as a superior level of psychological qualifications or service

Note: Procedures for use may change and are determined by the Mobility Committee

ASPPB MOBILITY PROGRAM IPC OVERVIEW

IPC Eligibility Requirements

Please note that this guide demonstrates the minimum requirements for the IPC and does not guarantee approval. It is a reference tool to assist you in completing your application. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the certificate requirements.

LIC.

- ☐ Must have a current and active psychology license, based on a doctoral degree, in at least one ASPPB member jurisdiction.
- ☐ No disciplinary action listed on any psychology license.

EDUCATION

- ☐ Must have doctoral degree from regionally accredited institution, clearly listed in psychology, that included a minimum of three academic years of full time graduate study.
- ☐ Transcript must be sent directly to ASPPB from institution granting degree.
- ☐ Must demonstrate a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Models that use in person contact for shorter durations throughout a year or models that use video conferencing or other electronic means to meet the residency requirement are NOT acceptable.
- ☐ Graduates from non- APA/CPA approved programs must be able to demonstrate a minimum of three graduate semester hours or the equivalent in ALL the following specific substantive areas: scientific and professional ethics and standards; research design and methodology; statistics; psychometric theory; biological bases of behavior; cognitive-affective bases of behavior; social bases of behavior; individual differences; assessment/evaluation; AND treatment/intervention.

MISC.

- ☐ Completion of acknowledgments and attestations as required by the Mobility Committee.

*For any additional assistance or information, please contact the ASPPB Mobility Program
Email: mobility@asppb.org P.O. Box 3079, Peachtree City, GA 30269 Phone: 888-201-6360*

ASPPB MOBILITY PROGRAM E.PASSPORT OVERVIEW

E.Passport Info

The E. Passport promotes standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across jurisdictional lines in jurisdictions that accept the E.Passport. The E. Passport also provides more consistent regulation of interjurisdictional telepsychology practice and allows consumers of psychological services to benefit from regulated practice.

Applying for the E.Passport

Application for the E. Passport can be made through the ASPPB Mobility Program. Eligibility requirements can be found on Page 2. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and certificate requirements.

Renewing the E.Passport

- Renew annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction.
- Demonstrate three (3) hours of continuing education relevant to the use of technology in psychology. Approved Continuing Professional Development for the E. Passport may include academic courses and approved sponsor continuing education.
- All continuing education must be directly relevant to the practice of telepsychology and would include, but not be restricted to any one or more of the areas defined in the APA Guidelines for the Practice of Telepsychology. Relevance to the practice of telepsychology will be determined by the Mobility Committee.
- Failure to renew by the renewal deadline will cause the certificate to expire. The certificate holder may not practice under the certificate while it is expired.

Using the E.Passport*

- Report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate
- Abide by the APA Guidelines for the Practice of Telepsychology and the ASPPB Telepsychology Principles/Standards
- Inform the clients/patients of psychologist's licensure status and location, and that he/she possesses an E.Passport
- Inform the clients/patients of any limitations regarding where the psychologist can practice, and how and where the patient can file a complaint
- Notify the patient when there is a conflict of law regarding confidentiality (e.g., duty to warn, duty to report), at the outset of the provision of services [as well as when the incidents arises]
- Comply with any cease and desist order or injunctive relief from a receiving jurisdiction
- Disclose E.Passport status on all promotional/professional materials in the connection with any telepsychological practice
- Comply with all applicable statutory, regulatory, and ethical requirements

Note: Procedures for use may change and are determined by the Mobility Committee

ASPPB MOBILITY PROGRAM E.PASSPORT OVERVIEW

E.Passport Eligibility Requirements

Please note that this guide demonstrates the minimum requirements for the E.Passport and does not guarantee approval. It is a reference tool to assist you in completing your application. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the certificate requirements.

LIC.

- ☐ Must have a current and active psychology license, based on a doctoral degree, in at least one ASPPB member jurisdiction.
- ☐ No disciplinary action listed on any psychology license.

EDUCATION

- ☐ Must have doctoral degree from regionally accredited institution, clearly listed in psychology, that included a minimum of three academic years of full time graduate study.
- ☐ Transcript must be sent directly to ASPPB from institution granting degree.
- ☐ Must demonstrate a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Models that use in person contact for shorter durations throughout a year or models that use video conferencing or other electronic means to meet the residency requirement are NOT acceptable.
- ☐ Graduates from non- APA/CPA approved programs must be able to demonstrate a minimum of three graduate semester hours or the equivalent in ALL the following specific substantive areas: scientific and professional ethics and standards; research design and methodology; statistics; psychometric theory; biological bases of behavior; cognitive-affective bases of behavior; social bases of behavior; individual differences; assessment/evaluation; AND treatment/intervention.

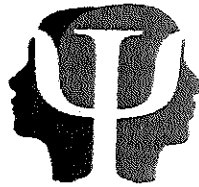
EPMP

- ☐ Completion of the Examination for Professional Practice in Psychology (EPMP).
- ☐ If you need assistance in locating the date you took the exam and/or your Candidate ID, please contact the jurisdiction in which you applied for licensure.

MISC.

- ☐ Completion of acknowledgments and attestations as required by the Mobility Committee.

*For any additional assistance or information, please contact the ASPPB Mobility Program
Email: mobility@asppb.org P.O. Box 3079, Peachtree City, GA 30269 Phone: 888-201-6360*



South Dakota
Psychological Association

South Dakota Psychological Association
22640 Hazel Lane
Rapid City, SD 57702

October 11, 2017

South Dakota Board of Psychologist Examiners
Attn: Carol Tellinghuisen, Executive Secretary
810 North Main Street, Suite 298
Spearfish, SD 57783
email: proflic@rushmore.com

Re: PSYPACT and continuing education requirements for re-licensure

Dear Ms. Tellinghuisen:

I am first writing on behalf of the South Dakota Psychological Association regarding PSYPACT. As you know, PSYPACT is an effort to make cooperative agreements between participating states to, by law, provide and receive psychological services between states via telepsychology. It is my understanding Alex Siegel, J.D., Ph.D., Director of Professional Affairs of the Association of State and Provincial Psychology Boards (ASPBB), has contacted the Board regarding this program. Coincidentally, on September 16th Dr. Siegel presented on PSYPACT at the Annual Meeting of the South Dakota Psychological Association.

PSYPACT will be on the agenda of the Executive Committee of the South Dakota Psychological Association. We have not been able to discuss it in a formal manner yet. It is my initial impression that the Executive Committee will want to promote the development of PSYPACT in South Dakota. This has already been done in a few states including both Nebraska and North Dakota. Recognizing that we have somewhat different considerations on this issue, SDPA wants to make this a coordinated effort with the Board of Examiners. This may ultimately lead to legislative sponsorship and lobbying in the 2019 legislative session. PSYPACT would have implications for the licensure board, at least in terms of expanding our scope of practice and regulating psychologists from other states who would be providing telepsychology services within South Dakota. ASPBB has identified the considerations and guidelines for states to follow to develop state compacts. This process often takes two years.

SDPA looks forward to coordinating with the Board of Examiners on this matter over the upcoming months.

Regarding the continuing education proposal, I was asked to summarize the research on the efficacy of continuing education and the practice of psychology. I need more time to get that written so that it can be reviewed in advance of the discussion. I also consulted with Dr. Siegel on this issue. I appreciate being

able to move this agenda item to the next meeting of the Board. The proposal will not change significantly.

Sincerely,

Mark Perrenoud, Ph.D.
Licensed Psychologist